

CASE NO. 17-1191
IN THE UNITED STATES COURT OF APPEALS
FOR THE DISTRICT OF COLUMBIA CIRCUIT

THYME HOLDINGS, LLC d/b/a WESTGATE GARDENS CARE CENTER

Petitioner

v.

NATIONAL LABOR RELATIONS BOARD

Respondent

and

SERVICE EMPLOYEES INTERNATIONAL UNION LOCA 2015

Intervenor

ON REVIEW FROM THE NATIONAL LABOR RELATIONS BOARD

APPENDIX (Volume 2) - EXHIBITS

Henry F. Telfeian (CA Bar No. 81307)
Law Office of Henry F. Telfeian
221 Stillings Avenue
San Francisco, CA 94103
Telephone: 510.333.1645
laborlawyer@gmail.com

Attorney for Petitioner

TABLE OF CONTENTS

Board Exhibit 1 (Formal Documents in Representation Case).....	549
Board Exhibit 2 (Stipulation).....	562
Board Exhibit 3 (Statement of Position).....	564
Employer Exhibit 1 (Map of Evacuation Routes).....	567
Employer Exhibit 2 (Nursing Org Chart).....	568
Employer Exhibit 3 (Job Description –Charge Nurse).....	569
Employer Exhibit 4 (Acknowledgement Form).....	573
Employer Exhibit 5 (Employee Handbook).....	577
Employer Exhibit 6 (Corrective/Disciplinary Action Form).....	611
Employer Exhibit 7 (Employee Performance Review).....	648
Employer Exhibit 8 (Summary Chart).....	724
Employer Exhibit 9 (CNA Interview).....	727
Employer Exhibit 10 (Daily Assignment Sheet).....	736
Employer Exhibit 11 (Gonzales Acknowledgement).....	748
Employer Exhibit 12 (Daily Assignment Sheet).....	749
Employer Exhibit 13 (Daily Assignment Sheet).....	764
Employer Exhibit 14 (Job Description – Charge Nurse).....	792
Petitioner Exhibit 1 (Job Description – LVN).....	795

FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-183272

Date Filed

08/31/2016

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Thyme Holdings, LLC, D/B/A Westgate Gardens Care Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4525 W. Tulare Ave, Visalia, CA 93277	
3a. Employer Representative - Name and Title Plum Healthcare Group and Eric Tolman, Administrator		3b. Address (if same as 2b - state same) same	
3c. Tel. No. (559) 733-0901	3d. Cell No. (801) 358-0710	3e. Fax No. (559) 733-8757	3f. E-Mail Address etolman@plum.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility		4b. Principal product or service Nursing services and rehabilitation therapy	
4c. Description of Unit Involved Included: Licensed Vocational Nurses (LVNs) Excluded: All other employees of the Employer, including, without limitation, any employees in the MDS (minimum data set department) and the Director of Staff Development (DSD)		4d. City and State where unit is located: Visalia, California	
5a. No. of Employees in Unit 40		5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 8/31/16 and Employer declined recognition on or about No Reply (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating?
(Name of labor organization) has picketed the Employer since (Month, Day, Year) .

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 8/19/16 11c. Election Time(s): 5:30am-8:30am and 6:30pm-7:30pm 11d. Election Location(s): conference room

12a. Full Name of Petitioner (Including local name and number)
SEIU Local 2016 12b. Address (street and number, city, state, and ZIP code)
2910 Beverly Blvd, Los Angeles, CA 90057

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel. No. 12e. Cell No. 12f. Fax No. (213) 368-0699 12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Stephanie Delgado, Attorney 13b. Address (street and number, city, state, and ZIP code)
800 Wilshire Boulevard, Suite 1320, Los Angeles, CA 90017

13c. Tel. No. (213) 380-2344 13d. Cell No. 13e. Fax No. (213) 443-5098 13f. E-Mail Address
sdelgado@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Stephanie Delgado, Attorney Signature [Signature] Title Attorney for Union Date 8/31/2016

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1/879362

BOARD EXH # 1(a)

549



**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 32**



**THYME HOLDINGS, LLC, d/b/a WESTGATE
GARDENS CARE CENTER**

Employer

and

**SERVICE EMPLOYEES INTERNATIONAL
UNION, LOCAL 2015**

Petitioner

Case 32-RC-183272

NOTICE OF REPRESENTATION HEARING

The Petitioner filed the attached petition pursuant to Section 9(c) of the National Labor Relations Act. It appears that a question affecting commerce exists as to whether the employees in the unit described in the petition wish to be represented by a collective-bargaining representative as defined in Section 9(a) of the Act.

YOU ARE HEREBY NOTIFIED that, pursuant to Sections 3(b) and 9(c) of the Act, at 9:00 a.m. on **Monday, September 12, 2016**, and on consecutive days thereafter until concluded, at the National Labor Relations Board offices located at 1301 Clay Street, Suite 300N, Oakland, CA 94612, a hearing will be conducted before a hearing officer of the National Labor Relations Board. At the hearing, the parties will have the right to appear in person or otherwise, and give testimony.

YOU ARE FURTHER NOTIFIED that, pursuant to Section 102.63(b) of the Board's Rules and Regulations, THYME HOLDINGS, LLC, d/b/a WESTGATE GARDENS CARE CENTER must complete the Statement of Position and file it and all attachments with the Regional Director and serve it on the parties listed on the petition such that is received by them by no later than **noon** Pacific time on September 09, 2016. The Statement of Position may be E-Filed but, unlike other E-Filed documents, must be filed by noon Pacific on the due date in order to be timely. If an election agreement is signed by all parties and returned to the Regional Office before the due date of the Statement of Position, the Statement of Position is not required to be filed.

Dated: September 1, 2016

George Velastegui

George Velastegui

Regional Director

National Labor Relations Board

Region 32

1301 Clay Street Suite 300N

Oakland, CA 94612-5224

BOARD EXH #1(b)

**SUMMARY OF STANDARD PROCEDURES IN FORMAL HEARINGS HELD BEFORE
THE NATIONAL LABOR RELATIONS BOARD PURSUANT TO PETITIONS FILED
UNDER SECTION 9 OF THE NATIONAL LABOR RELATIONS ACT**

The hearing will be conducted before a Hearing Officer of the National Labor Relations Board.

Parties may be represented by an attorney or other representative and present evidence relevant to the issues. All parties appearing before this hearing who have or whose witnesses have handicaps falling within the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, and 29 C.F.R. 100.603, and who in order to participate in this hearing need appropriate auxiliary aids, as defined in 29 C.F.R. 100.603, should notify the Regional Director as soon as possible and request the necessary assistance.

An official reporter will make the only official transcript of the proceedings and all citations in briefs or arguments must refer to the official record. *(Copies of exhibits should be supplied to the Hearing Officer and other parties at the time the exhibit is offered in evidence.)* After the close of the hearing, one or more of the parties may wish to have corrections made in the record. All such proposed corrections, either by way of stipulation or motion, should be forwarded to the Regional Director or to the Board in Washington *(if the case is transferred to the Board)* instead of to the Hearing Officer, inasmuch as the Hearing Officer has no power to make any rulings in connection with the case after the hearing is closed. All matter that is spoken in the hearing room will be recorded by the official reporter while the hearing is in session. In the event that any party wishes to make off-the-record remarks, requests to make such remarks should be directed to the Hearing Officer and not to the official reporter.

Statements of reasons in support of motions or objections should be as concise as possible. Objections and exceptions may, on appropriate request, be permitted to stand to an entire line of questioning. Automatic exceptions will be allowed to all adverse rulings.

All motions shall be in writing or, if made at the hearing, may be stated orally on the record and shall briefly state the order of relief sought and the grounds for such motion. An original and two copies of written motions shall be filed with the Hearing Officer and a copy thereof immediately shall be served on the other parties to the proceeding.

The sole objective of the Hearing Officer is to ascertain the respective positions of the parties and to obtain a full and complete factual record on which the duties under Section 9 of the National Labor Relations Act may be discharged by the Regional Director of the Board. It may become necessary for the Hearing Officer to ask questions, to call witnesses, and to explore avenues with respect to matters not raised by the parties. The services of the Hearing Officer are equally at the disposal of all parties to the proceedings in developing the material evidence.

At the close of hearing, any party who desires to file a brief may do so in the appropriate manner described below.

1. Briefs filed with the Regional Director

Unless transfer of the case to the Board is announced prior to close of hearing, the brief should be filed in duplicate with the Regional Director. A copy must also be served on each of the other parties and proof of such service must be filed with the Regional Director at the time the briefs are filed. Briefs submitted are to be double-spaced on 8½ by 11 inch paper.

The briefs shall be filed within 7 days after the close of the hearing unless an extension of time, not to exceed an additional 14 days on request made for good cause, before the hearing closes, is granted by the Hearing Officer. Briefs must be filed in accordance with the provisions of Section 102.111(b) of the Board's Rules. Facsimile transmission of briefs is not permitted.

A request for an extension of time made after the close of the hearing must be received by the Regional Director, in writing, as much in advance of the date the briefs are due as possible and copies thereof must be served on the other parties by the same or faster method as used to file with the Regional Director (see 102.114 of Board's Rules).

2. Briefs filed with the Board in Washington, D.C.

a. If transfer of case to the Board is announced at the hearing

Should any party desire to file a brief with the Board, eight copies thereof shall be filed with the Board in Washington, D.C. Immediately on such filing, a copy shall be served on each of the other parties. Proof of such service must be filed with the Board simultaneously with the briefs. Such brief shall be printed on otherwise legibly duplicated: Provided, however, that carbon copies of typewritten matter shall not be filed and if submitted will not be accepted. No reply brief may be filed except on special leave of the Board. Any brief filed after transfer of the case to the Board shall be double-spaced on 8½ by 11 inch paper.

The briefs shall be filed within 7 days after the close of hearing unless an extension of time, not to exceed an additional 14 days on request made for good cause, before the hearing closes, is granted by the Hearing Officer. Briefs must be filed in accordance with the provisions of Section 102.111(b) of the Board's Rules. Facsimile transmission of briefs is not permitted.

b. Transfer of cases to the Board effected after close of hearing

Pursuant to Section 102.67 of the Board's Rules, the Regional Director may, at any time after the close of hearing and before decision, transfer a case to the Board for decision. The order transferring the case will fix a date for filing briefs in Washington, D.C.

If a brief has already been filed with the Regional Director, the parties may file eight copies of the same brief with the Board in the same manner as set forth in "a," above, except that service on other parties is not required. No further briefs shall be submitted except by special permission of the Board.

If the case is transferred to the Board before the time expires for filing of briefs with the Regional Director and before the parties have filed briefs, such briefs shall be filed as set forth in "a," above.

c. Request for extension of time to file briefs with the Board

A request for an extension of time to file briefs with the Board in Washington, D.C., made after the close of hearing must be received by the Executive Secretary's Office in Washington as much in advance of the date the briefs are due as possible but in any event no later than the close of business on the due date. Such request must be in writing and a copy shall be served immediately on each of the other parties and the Regional Director and shall contain a statement that such service has been made.

As provided in Section 102.114(a) and (e) of the Board's Rules and Regulations, service on all parties of a request for an extension of time shall be made in the same or faster manner as that utilized in filing the paper with the Board; however, when filing with the Board is accomplished by facsimile transmission or by personal service, the other parties shall be promptly notified of such action by facsimile transmission or by telephone, followed by service of a copy personally or by overnight delivery service.

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**THYME HOLDINGS, LLC, d/b/a WESTGATE
GARDENS CARE CENTER**

Employer

and

**SERVICE EMPLOYEES INTERNATIONAL
UNION, LOCAL 2015**

Petitioner

Case 32-RC-183272

AFFIDAVIT OF SERVICE OF: Petition dated August 31, 2016, Notice of Representation Hearing dated September 1, 2016, Description of Procedures in Certification and Decertification Cases (Form NLRB-4812), Notice of Petition for Election, and Statement of Position Form (Form NLRB-505).

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on September 1, 2016, I served the above documents by electronic mail and regular mail upon the following persons, addressed to them at the following addresses:

ERIC TOLMAN, ADMINISTRATOR
THYME HOLDINGS, LLC, d/b/a
WESTGATE GARDENS CARE CENTER
4525 W TULARE AVE
VISALIA, CA 93277-1575
etolman@plum.com
Fax: (559)733-8757

STEPHANIE DELGADO, ESQ.
WEINBERG, ROGER & ROSENFELD
800 WILSHIRE BLVD, SUITE 1320
LOS ANGELES, CA 90017-2623
sdelgado@unioncounsel.net
Fax: (213)443-5098

SERVICE EMPLOYEES
INTERNATIONAL UNION, LOCAL 2015
2910 BEVERLY BOULEVARD
LOS ANGELES, CA 90057
Fax: (213)368-0699

September 1, 2016

Date

Alice Lafontaine, Designated Agent of NLRB

Name


Signature

BOARD EXH #1(c)

FORM NLRB-602 (PG)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **32-RC-183313** Date Filed **08/31/2016**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1 PURPOSE OF THIS PETITION - RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Thyma Holdings, LLC, D/B/A Westgate Gardens Care Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4525 W. Tulare Ave, Visalia, CA 93277	
3a. Employer Representative - Name and Title Plum Healthcare Group and Eric Tolman, Administrator		3b. Address (if same as 2b - state same) same	
3c. Tel. No. (559) 733-0901	3d. Cell No. (801) 358-0710	3e. Fax No. (559) 733-8757	3f. E-Mail Address etolman@plum.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility		4b. Principal product or service Nursing services and rehabilitation therapy	
5a. Description of Unit Involved Included: Certified Nursing Assistants (CNAs) and Restorative Nurse Assistants (RNAs)		5b. City and State where unit is located Visalia, California	
6a. No. of Employees in Unit. 89		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Excluded: All other employees of the Employer			

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **8/31/16** and Employer declined recognition on or about **No Reply** (Date) (if no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11 Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 8/19/16	11c. Election Time(s): 5:30am-6:30am and 1:30pm-2:30pm	11d. Election Location(s): Conference room
12a. Full Name of Petitioner (including local name and number) SEIU Local 2015		12b. Address (street and number, city, state, and ZIP code) 2910 Beverly Blvd, Los Angeles, CA 90057	


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel. No.	12e. Cell No.	12f. Fax No. (213) 388-0999	12g. E-Mail Address
---------------	---------------	---------------------------------------	---------------------

13 Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Stephanie Delgado, Attorney		13b. Address (street and number, city, state, and ZIP code) 800 Wilshire Boulevard, Suite 1320, Los Angeles, CA 90017	
13c. Tel. No. (213) 380-2344	13d. Cell No.	13e. Fax No. (213) 443-5088	13f. E-Mail Address sdelgado@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Stephanie Delgado	Signature 	Title Attorney for Union	Date 8/31/2016
--	--	------------------------------------	--------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to mediate its processes.

1/879361

Board Exh # 1(d)

554



UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 32



THYME HOLDINGS, LLC, d/b/a WESTGATE
GARDENS CARE CENTER

Employer

and

SERVICE EMPLOYEES INTERNATIONAL
UNION, LOCAL 2015

Petitioner

Case 32-RC-183313

NOTICE OF REPRESENTATION HEARING

The Petitioner filed the attached petition pursuant to Section 9(c) of the National Labor Relations Act. It appears that a question affecting commerce exists as to whether the employees in the unit described in the petition wish to be represented by a collective-bargaining representative as defined in Section 9(a) of the Act.

YOU ARE HEREBY NOTIFIED that, pursuant to Sections 3(b) and 9(c) of the Act, at 09:00 a.m. on **Monday, September 12, 2016**, and on consecutive days thereafter until concluded, at the National Labor Relations Board offices located at 1301 Clay Street, Suite 300N, Oakland, CA 94612-5224, a hearing will be conducted before a hearing officer of the National Labor Relations Board. At the hearing, the parties will have the right to appear in person or otherwise, and give testimony.

YOU ARE FURTHER NOTIFIED that, pursuant to Section 102.63(b) of the Board's Rules and Regulations, THYME HOLDINGS, LLC, d/b/a WESTGATE GARDENS CARE CENTER must complete the Statement of Position and file it and all attachments with the Regional Director and serve it on the parties listed on the petition such that is received by them by no later than **noon** Pacific time on **September 09, 2016**. The Statement of Position may be E-Filed but, unlike other E-Filed documents, must be filed by noon Pacific on the due date in order to be timely. If an election agreement is signed by all parties and returned to the Regional Office before the due date of the Statement of Position, the Statement of Position is not required to be filed.

Dated: September 1, 2016

George Velastegui
George Velastegui
Regional Director
National Labor Relations Board
Region 32
1301 Clay Street Suite 300N
Oakland, CA 94612-5224

BOARD EXH # 1(e)

**SUMMARY OF STANDARD PROCEDURES IN FORMAL HEARINGS HELD BEFORE
THE NATIONAL LABOR RELATIONS BOARD PURSUANT TO PETITIONS FILED
UNDER SECTION 9 OF THE NATIONAL LABOR RELATIONS ACT**

The hearing will be conducted before a Hearing Officer of the National Labor Relations Board.

Parties may be represented by an attorney or other representative and present evidence relevant to the issues. All parties appearing before this hearing who have or whose witnesses have handicaps falling within the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, and 29 C.F.R. 100.603, and who in order to participate in this hearing need appropriate auxiliary aids, as defined in 29 C.F.R. 100.603, should notify the Regional Director as soon as possible and request the necessary assistance.

An official reporter will make the only official transcript of the proceedings and all citations in briefs or arguments must refer to the official record. *(Copies of exhibits should be supplied to the Hearing Officer and other parties at the time the exhibit is offered in evidence.)* After the close of the hearing, one or more of the parties may wish to have corrections made in the record. All such proposed corrections, either by way of stipulation or motion, should be forwarded to the Regional Director or to the Board in Washington *(if the case is transferred to the Board)* instead of to the Hearing Officer, inasmuch as the Hearing Officer has no power to make any rulings in connection with the case after the hearing is closed. All matter that is spoken in the hearing room will be recorded by the official reporter while the hearing is in session. In the event that any party wishes to make off-the-record remarks, requests to make such remarks should be directed to the Hearing Officer and not to the official reporter.

Statements of reasons in support of motions or objections should be as concise as possible. Objections and exceptions may, on appropriate request, be permitted to stand to an entire line of questioning. Automatic exceptions will be allowed to all adverse rulings.

All motions shall be in writing or, if made at the hearing, may be stated orally on the record and shall briefly state the order of relief sought and the grounds for such motion. An original and two copies of written motions shall be filed with the Hearing Officer and a copy thereof immediately shall be served on the other parties to the proceeding.

The sole objective of the Hearing Officer is to ascertain the respective positions of the parties and to obtain a full and complete factual record on which the duties under Section 9 of the National Labor Relations Act may be discharged by the Regional Director of the Board. It may become necessary for the Hearing Officer to ask questions, to call witnesses, and to explore avenues with respect to matters not raised by the parties. The services of the Hearing Officer are equally at the disposal of all parties to the proceedings in developing the material evidence.

At the close of hearing, any party who desires to file a brief may do so in the appropriate manner described below.

1. Briefs filed with the Regional Director

Unless transfer of the case to the Board is announced prior to close of hearing, the brief should be filed in duplicate with the Regional Director. A copy must also be served on each of the other parties and proof of such service must be filed with the Regional Director at the time the briefs are filed. Briefs submitted are to be double-spaced on 8½ by 11 inch paper.

The briefs shall be filed within 7 days after the close of the hearing unless an extension of time, not to exceed an additional 14 days on request made for good cause, before the hearing closes, is granted by the Hearing Officer. Briefs must be filed in accordance with the provisions of Section 102.111(b) of the Board's Rules. Facsimile transmission of briefs is not permitted.

A request for an extension of time made after the close of the hearing must be received by the Regional Director, in writing, as much in advance of the date the briefs are due as possible and copies thereof must be served on the other parties by the same or faster method as used to file with the Regional Director (see 102.114 of Board's Rules).

2. Briefs filed with the Board in Washington, D.C.

a. If transfer of case to the Board is announced at the hearing

Should any party desire to file a brief with the Board, eight copies thereof shall be filed with the Board in Washington, D.C. Immediately on such filing, a copy shall be served on each of the other parties. Proof of such service must be filed with the Board simultaneously with the briefs. Such brief shall be printed on otherwise legibly duplicated: Provided, however, that carbon copies of typewritten matter shall not be filed and if submitted will not be accepted. No reply brief may be filed except on special leave of the Board. Any brief filed after transfer of the case to the Board shall be double-spaced on 8½ by 11 inch paper.

The briefs shall be filed within 7 days after the close of hearing unless an extension of time, not to exceed an additional 14 days on request made for good cause, before the hearing closes, is granted by the Hearing Officer. Briefs must be filed in accordance with the provisions of Section 102.111(b) of the Board's Rules. Facsimile transmission of briefs is not permitted.

b. Transfer of cases to the Board effected after close of hearing

Pursuant to Section 102.67 of the Board's Rules, the Regional Director may, at any time after the close of hearing and before decision, transfer a case to the Board for decision. The order transferring the case will fix a date for filing briefs in Washington, D.C.

If a brief has already been filed with the Regional Director, the parties may file eight copies of the same brief with the Board in the same manner as set forth in "a," above, except that service on other parties is not required. No further briefs shall be submitted except by special permission of the Board.

If the case is transferred to the Board before the time expires for filing of briefs with the Regional Director and before the parties have filed briefs, such briefs shall be filed as set forth in "a," above.

c. Request for extension of time to file briefs with the Board

A request for an extension of time to file briefs with the Board in Washington, D.C., made after the close of hearing must be received by the Executive Secretary's Office in Washington as much in advance of the date the briefs are due as possible but in any event no later than the close of business on the due date. Such request must be in writing and a copy shall be served immediately on each of the other parties and the Regional Director and shall contain a statement that such service has been made.

As provided in Section 102.114(a) and (e) of the Board's Rules and Regulations, service on all parties of a request for an extension of time shall be made in the same or faster manner as that utilized in filing the paper with the Board; however, when filing with the Board is accomplished by facsimile transmission or by personal service, the other parties shall be promptly notified of such action by facsimile transmission or by telephone, followed by service of a copy personally or by overnight delivery service.

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD**

THYME HOLDINGS, LLC, d/b/a WESTGATE GARDENS CARE CENTER Employer and SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 2015 Petitioner	Case 32-RC-183313
--	--------------------------

AFFIDAVIT OF SERVICE OF: Petition dated August 31, 2016, Notice of Representation Hearing dated September 1, 2016, Description of Procedures in Certification and Decertification Cases (Form NLRB-4812), Notice of Petition for Election, and Statement of Position Form (Form NLRB-505).

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on September 1, 2016, I served the above documents by electronic mail and regular mail upon the following persons, addressed to them at the following addresses:

ERIC TOLMAN, ADMINISTRATOR
THYME HOLDINGS, LLC, D/B/A
WESTGATE GARDENS CARE CENTER
4525 W TULARE AVE
VISALIA, CA 93277-1575
etolman@plum.com
Fax: (559)733-8757

STEPHANIE DELGADO, ESQ.
WEINBERG, ROGER & ROSENFELD
800 WILSHIRE BLVD, SUITE 1320
LOS ANGELES, CA 90017-2623
sdelgado@unioncounsel.net
Fax: (213)443-5098

SERVICE EMPLOYEES
INTERNATIONAL UNION, LOCAL 2015
2910 BEVERLY BLVD
LOS ANGELES, CA 90057-1012
FAX: (213)366-0687

September 1, 2016
Date

Catherine Hendrick, Designated Agent of NLRB
Name


Signature

BOARD EXH # 1(F)

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 32**

**THYME HOLDINGS, LLC, D/B/A WESTGATE
GARDENS CARE CENTER**

Employer

and

**SERVICE EMPLOYEES INTERNATIONAL
UNION, LOCAL 2015**

Petitioner

**Case 32-RC-183272
32-RC-183313**

ORDER CONSOLIDATING CASES AND RESCHEDULING HEARING

The Petitioner, filed the attached petitions pursuant to Section 9(c) of the National Labor Relations Act. It appears that a question affecting commerce exists as to whether the employees in the units described in the petitions want to be represented by a collective-bargaining representative as defined in Section 9(a) of the Act. In order to effectuate the purposes of the Act, and to avoid unnecessary cost of delay, I **HEREBY** consolidate the petitions for hearing.

IT IS HEREBY ORDERED that the hearing in the above-entitled matter is rescheduled from September 12, 2016 at 9:00 a.m. to 9:00 a.m. on **Tuesday, September 13, 2016**, at 1301 Clay Street, Suite 300N, Oakland, CA 94612. The hearing will continue on consecutive days until concluded.

The Statements of Position in these matters must be filed with the Regional Director and served on the parties listed on the petitions by no later than **noon Pacific time on September 9, 2016**. The Statements of Position may be e-Filed but, unlike other e-Filed documents, must be filed by noon Pacific time on the due date in order to be timely. If an election agreement is signed by all parties and returned to the Regional Office before the due date of the Statement of Position, the Statement of Position is not required to be filed.

Dated: September 6, 2016


George Velastegui
Regional Director
National Labor Relations Board
Region 32
1301 Clay Street Suite 300N
Oakland, CA 94612-5224

BOARD EXH # 1(g)

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 32**

**THYME HOLDINGS, LLC, D/B/A WESTGATE
GARDENS CARE CENTER**

Employer

and

Case 32-RC-183272

**SERVICE EMPLOYEES INTERNATIONAL UNION,
LOCAL 2015**

Petitioner

**AFFIDAVIT OF SERVICE OF: Order Consolidating Cases and Rescheduling Hearing, dated
September 6, 2016.**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on September 6, 2016, I served the above-entitled document(s) by regular mail upon the following persons, addressed to them at the following addresses:

ERIC TOLMAN , ADMINISTRATOR
THYME HOLDINGS, LLC, D/B/A WESTGATE
GARDENS CARE CENTER
4525 W TULARE AVE
VISALIA, CA 93277-1575

HENRY F. TELFEIAN , ESQ.
LAW OFFICE OF HENRY F. TELFEIAN
PO BOX 1277
KINGS BEACH, CA 96143-1277


PAULO VELLANOWETH , BUSINESS
AGENT
SERVICE EMPLOYEES INTERNATIONAL
UNION, LOCAL 2015
2910 BEVERLY BLVD
LOS ANGELES, CA 90057-1012

STEPHANIE DELGADO , ESQ.
WEINBERG, ROGER & ROSENFIELD
800 WILSHIRE BLVD, SUITE 1320
LOS ANGELES, CA 90017-2623

Date

Alicc Lafontaine, Designated Agent of NLRB

Name



Signature

BOARD EXH # 1(h)

INDEX AND DESCRIPTION OF FORMAL DOCUMENTS

Re: Thyme Holdings, LLC, d/b/a Westgate Gardens Care
Center

Case 32-RC-183272 & 32-RC-183313

Board's Exhibit	1(a)	Original petition, 32-RC-183272, dated August 31, 2016.
	1(b)	Original Notice of Representation Hearing, dated September 1, 2016, with Form NLRB 4669 attached.
	1(c)	Affidavit of Service of 1(b), dated September 1, 2016.
	1(d)	Original petition, 32-RC-183313, dated August 31, 2016.
	1(e)	Original Notice of Representation Hearing, dated September 1, 2016, with Form NLRB 4669 attached.
	1(f)	Affidavit of Service of 1(e), dated September 1, 2016.
	1(g)	Order Consolidating Cases and Rescheduling Hearing, dated September 6, 2016.
	1(h)	Affidavit of Service of 1(g), dated September 6, 2016.
	1(i)	Index and Description of Formal Documents.

BOARD EXH # 1(i)



**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 32**



<p>THYME HOLDINGS, LLC, d/b/a WESTGATE GARDENS CARE CENTER</p> <p style="text-align: center;">Employer</p> <p style="text-align: center;">and</p> <p>SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 2015</p> <p style="text-align: center;">Petitioner</p>	<p>Case 32-RC-183272</p>
---	---------------------------------

STIPULATION

The parties in this matter stipulate and agree that:

1. We have been informed of the procedures at formal hearings before the National Labor Relations Board by service of a Description of Procedures in Certification and Decertification Cases. The Hearing Officer has offered to us additional copies of the Description of Procedures.
2. To the extent the formal documents in this proceeding do not correctly reflect the names of the parties, the parties hereby make a joint motion to the Regional Director to amend the petition and other formal documents to correctly reflect the names as set forth above.
3. The Petitioner is a labor organization within the meaning of Section 2(5) of the National Labor Relations Act.
4. The Petitioner claims to represent the employees in the unit described in the petition herein and the Employer declines to recognize the Petitioner.
5. There is no collective-bargaining agreement covering any of the employees in the unit sought in the petition herein and there is no contract bar or other bar to an election in this matter.
6. The Employer is an employer engaged in commerce within the meaning of Section 2(6) and (7) of the Act and is subject to the jurisdiction of the Board.

Commerce facts are as follows: Thyme Holdings, LLC d/b/a Gardens Care Center, a California limited liability company, operates a skilled nursing facility. During the past 12 months, the Employer derived gross revenues in excess of \$250,000 dollars and purchased and received goods valued in excess of \$5,000 dollars directly from sources located outside the State of California.

WESTGATE

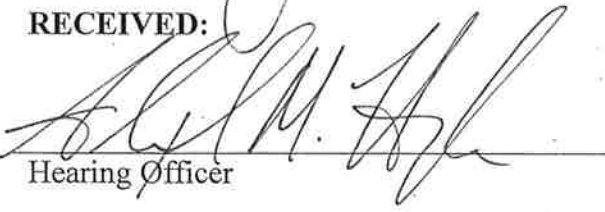
7. The parties agree that in any unit found appropriate by the Regional Director the following job classifications would be excluded from the bargaining unit: Minimum Data Set Department employees, Directors of Staff Development, professional employees, office clerical employees, guards, and supervisors as defined in the Act.
8. The parties agree that they have entered into and the Regional Director has approved a Stipulated Election Agreement in Case 32-RC-183313 today. Accordingly, the parties waive their right to a hearing and agree that any notice of hearing previously issued in Case 32-RC-183313 is withdrawn.

Upon receipt of this Stipulation by the Hearing Officer it may be admitted, without objection, as a Board exhibit in this proceeding.


For the Employer


For the Petitioner

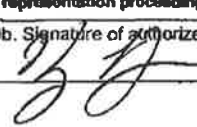
RECEIVED:


Hearing Officer


Date

Board Exhibit No. 2

FORM NLRB-505
(4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD STATEMENT OF POSITION		DO NOT WRITE IN THIS SPACE	
		Case No.	Date Filed
INSTRUCTIONS: Submit this Statement of Position to an NLRB Office in the Region in which the petition was filed and serve it and all attachments on each party named in the petition in this case such that it is received by them by the date and time specified in the notice of hearing. Note: Non-employer parties who complete this form are NOT required to complete items 8f or 8g below or to provide a commerce questionnaire or the lists described in item 7. In RM cases, the employer is NOT required to respond to items 3, 5, 6, and 8a-8e below.			
1a. Full name of party filing Statement of Position		1c. Business Phone:	1e. Fax No.:
Thyme Holdings, LLC d/b/a Westgate Gardens Care Center		559-733-0901	
1b. Address (Street and number, city, state, and ZIP code)		1d. Cell No.:	1f. e-Mail Address
4525 W. Tulare Avenue, Visalia, CA 93277			etolman@plum.com
2. Do you agree that the NLRB has jurisdiction over the Employer in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (A completed commerce questionnaire (Attachment A) must be submitted by the Employer, regardless of whether jurisdiction is admitted)			
3. Do you agree that the proposed unit is appropriate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If not, answer 3a and 3b.)			
a. State the basis for your contention that the proposed unit is not appropriate. (If you contend a classification should be excluded or included briefly explain why, such as shares a community of interest or are supervisors or guards.)			
LVNs are supervisors as defined by Section 2(11).			
b. State any classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit.			
Added		Excluded	
4. Other than the individuals in classifications listed in 3b, list any individual(s) whose eligibility to vote you intend to contest at the pre-election hearing in this case and the basis for contesting their eligibility.			
5. Is there a bar to conducting an election in this case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, state the basis for your position.			
6. Describe all other issues you intend to raise at the pre-election hearing.			
Supervisory status of LVNs.			
7. The employer must provide the following lists which must be alphabetized (overall or by department) in the format specified at http://www.nlr.gov/what-we-do/conduct-elections/representation-case-rules-effective-april-14-2015 .			
(a) A list containing the full names, work locations, shifts and job classification of all individuals in the proposed unit as of the payroll period immediately preceding the filing of the petition who remain employed as of the date of the filing of the petition. (Attachment B)			
(b) If the employer contends that the proposed unit is inappropriate the employer must provide (1) a separate list containing the full names, work locations, shifts and job classifications of all individuals that it contends must be added to the proposed unit, if any to make it an appropriate unit, (Attachment C) and (2) a list containing the full names of any individuals it contends must be excluded from the proposed unit to make it an			
State your position with respect to the details of any election that may be conducted in this matter. 8a. Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
8b. Date(s)	8c. Time(s)	8d. Location(s)	
September 30, 2016	5:30pm to 7pm	Conference Room	
8e. Eligibility Period (e.g. special eligibility formula)	8f. Last Payroll Period Ending Date	8g. Length of payroll period <u>31-monthly</u>	
Per diem eligibility	August 31, 2016	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input checked="" type="checkbox"/> Other (specify length)	
9. Representative who will accept service of all papers for purposes of the representation proceeding			
9a. Full name and title of authorized representative	9b. Signature of authorized representative	9c. Date	
Henry Telfeian		09/08/16	
9d. Address (Street and number, city, state, and ZIP code)	9e. e-Mail Address		
PO Box 1277, Kings Beach, CA 96143	laborlawyer@gmail.com		
9f. Business Phone No.:	9g. Fax No.	9h. Cell No.	
510-333-1645		510-333-1645	

WILLFUL FALSE STATEMENTS ON THIS STATEMENT OF POSITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. Code, Title 18, Section 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. Section 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation proceedings. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (December 13, 2006). The NLRB will further explain these uses upon request. Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations and may cause the NLRB to refuse to further process a representation case or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

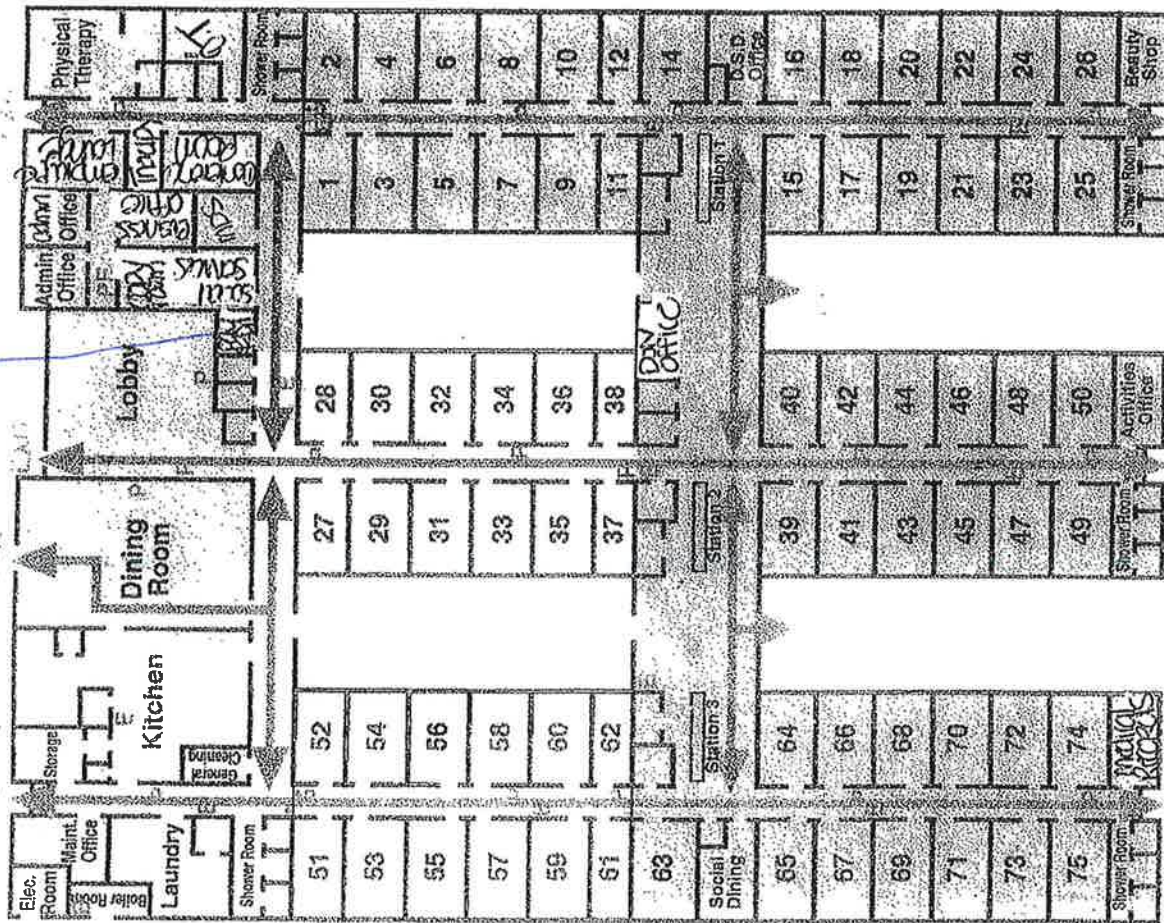
Board Ex. 3

Westgate LVN Employee Listing

Last Name	First Name	Type	Shift
Aceves	Noelia	FT	AM
Acosta	IvyJoy	FT	NOC
Basurto	Gabriela	FT	FLOAT
Cha	Jeanne	OC	AM
Corrales	Veronica	FT	AM
Cortez	Tina	OC	NOC
Diaz	Audriana	FT	AM
Flores	Jennifer	OC	FLOAT
Flores	Maricela	OC	AM
Fowler	Richard	FT	NOC
Galvan	Angela	FT	NOC
Gonzales	Abel	FT	AM
Gonzalez	Irasema	OC	FLOAT
Maria	Gonzalez	FT	AM
Grayson	Linda	OC	NOC
Johnson	Berta	OC	NOC
Kaundart	Denise	FT	NOC
Lopez	Gary	OC	FLOAT
Lopez	Nancy	OC	AM
McDonald	Britany	OC	NOC
Miller	LoriAnn	OC	FLOAT
O'Imos	Diane	FT	AM
Peters	Vincent	FT	AM
Pulido	Hilda	FT	AM
Ramos	James	FT	NOC

Board Ex 3

Westgate Garden Care Center Evacuation Routes



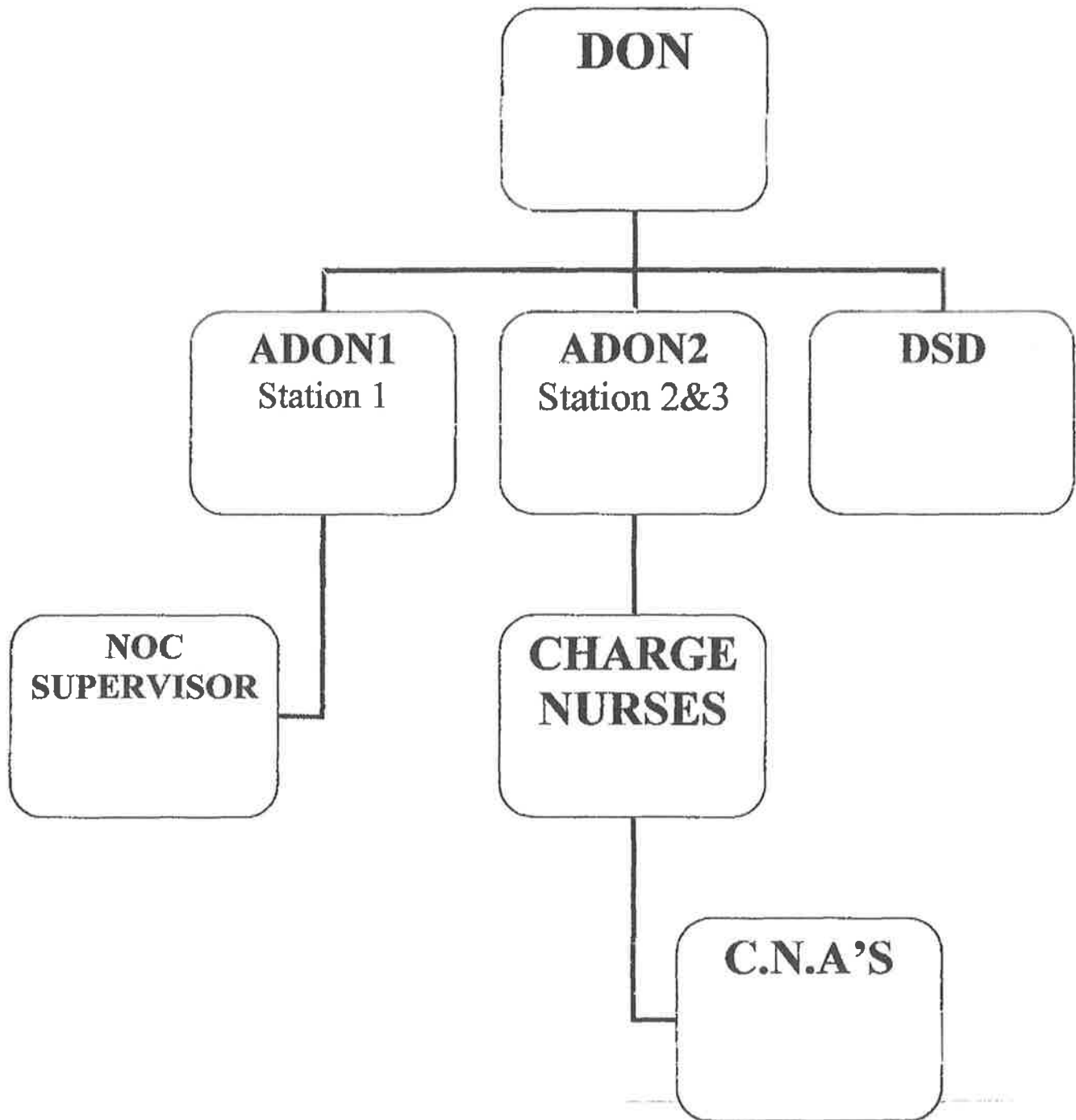
ZONES

<input type="checkbox"/>	Zone 1
<input type="checkbox"/>	Zone 2
<input type="checkbox"/>	Zone 3
<input type="checkbox"/>	Zone 4
<input type="checkbox"/>	Zone 5
<input type="checkbox"/>	Zone 6
<input type="checkbox"/>	Zone 7
<input type="checkbox"/>	Zone 8

LEGEND

	Evacuation Route
	Fire Extinguisher
	Pull Alarm
	1 Hour Fire Door
	3 Hour Fire Door

Westgate Gardens Nursing Org Chart



Employer's Ex: 2

568

JOB DESCRIPTION
Charge Nurse
DEPARTMENT: Nursing

POSITION:

As a member of the interdisciplinary team, the Charge Nurse assumes responsibility and accountability for nursing services delivered to all residents of a designated unit for the duration of the shift. The Charge Nurse provides direct care, administers treatments and medications, organizes and distributes daily assignments to direct care staff consistent with staff competency and each individual resident's comprehensive resident observation and plan of care. This position also supervises direct care staff, including participating in the hire and termination process, doing annual performance reviews and raises and performing disciplinary actions. This position makes decisions about resident care needs during shift within scope of clinical competence, consistent with facility policies and procedures.

REPORTING:

This position reports to the Director of Nursing.

FLSA STATUS:

Non-Exempt

ESSENTIAL JOB FUNCTIONS:

- Make daily rounds on assigned unit at least at beginning and at end of shift to observe, assess or interview residents, to verify information for or from ongoing shift, to monitor regulatory compliance and to determine staff assignments or completion of assignments
- Develop and distribute resident care assignments to direct care staff. Assignments match resident needs with skills of direct care staff, and maintain consistency to the extent practicable. Adjust assignments according to availability of qualified staff. Change assignments if necessary during shift to meet resident needs
- Provide orientation to unit and unit routines to new staff members or staff from temporary agencies
- Perform performance evaluation reviews for staff, including determination of wage increases if applicable
- Correct staff performance and administer discipline, if required
- Train and develop staff by conducting skills observations of nurse aides identifying learning needs and taking advantage of opportunities to teach on the unit.
- Keys information into computer systems, including EMR
- Describe care plan goals and approaches to direct care staff so that care plan is consistently implemented on all shifts by all caregivers. Seek input from nurse aides about resident condition, functional abilities, preferences and alternative approaches to care. Monitor delivery of care and services throughout shift to ensure needs are met, tasks are completed and that work of direct care staff is of acceptable quality and quantity
- Administer medications, treatments and provide direct care to residents on unit according to physician orders and in compliance with facility policies and procedures
- Perform physical observation of new admissions and current residents as indicated by change in condition or as required by regulation. Complete assigned sections of resident observation instruments used in facility
- Based on observation of the resident's condition, develop or revise the plan of care with interventions and time measurable objectives to assist each resident to attain or maintain highest practicable physical, mental and psycho social well being. Develop or revise the plan of care with participation of the interdisciplinary team members and resident to the extent feasible. Consult with and refer relevant resident care issues to attention of interdisciplinary care team members
- Coordinate care and delivery of services with all disciplines, outside agencies and community providers as required
- Respect rights of residents regarding freedom of choice, consent for care and services, refusals of treatment and implementation of advance directives if any. Promptly consult with nursing supervisor and Social Worker if unsure of proper course of action that respects resident's rights, comply with facility policies and procedures that is consistent with county, state and federal laws and regulations, as applicable, including abuse reporting

Revision Date: 03/01/14

1

569

25X 3

- Complete required documentation of care and services delivered during shift including subjective findings, objective symptoms, interventions and resident responses to interventions. Complete required documentation of special circumstances including accident/incident reports in compliance with facility policy and procedures and regulations
- Present to the on-coming shift or receives from the off-going shift charge nurse a report making special note of significant changes in condition, admissions, transfers, discharges, initiation or use of physical or chemical restraints, incidents, unexplained injuries, medication errors, loss of resident property or expression of resident and/or family complaint or concern
- Inform the resident in advance about care and treatment and any changes to the plan of care
- Immediately inform the resident, consult with the resident's physician and notify the designated family member and/or the resident's legal representative when there is an accident involving an injury which has potential for requiring physician intervention; a significant change in the resident's physical, mental or psycho social status; a need to alter treatment significantly or a decision to transfer or discharge the resident from the facility. Promptly notify the resident, designated family member and/or resident's legal representative when there is a change in room or roommate
- Report relevant information to the Supervisor including, interdisciplinary team functioning and communication, regulatory compliance issues, quality improvement issues, resident risk factors, sudden changes in resident behavior, expressed dissatisfaction by resident or family, refusals of treatment, unexplained injuries, staff conduct
- Monitor staff for compliance with OSHA mandates on workplace safety including hazard communication and blood staff member for post-exposure follow-up
- Report all injuries to self or others to supervisor immediately
- Take job actions with staff members under appropriate circumstances. Apply facility policies about progressive discipline correctly. Remove staff member from unit if necessary to avoid endangerment to health and safety of residents or other staff members. Report all job actions taken to supervisor promptly
- Attend in-service education programs as assigned. Apply information to job tasks
- Assist supervisor with preparation for long term care survey. Attend survey training, interacts with state surveyors as instructed by supervisor

REQUIREMENTS:

- Follow all HIPAA guidelines
- Demonstrate knowledge of, and respect for, the rights, dignity and individuality of each resident in all interactions
- Appreciate the importance of maintaining confidentiality of resident and facility information
- Demonstrate honesty and integrity at all times in the care and use of resident and facility property
- Knowledge of geriatric nursing principles and professional standards of nursing practice and ability to apply to resident specific circumstances. Able to identify, implement and evaluate appropriate objectives and interventions for residents
- Demonstrate competency in clinical skills needed for facility resident population
- Demonstrate competency in observation of long term resident's physical, behavioral and functional status
- Working knowledge of laws and regulations that influence provision of care and services in nursing facilities
- Sufficient organizational and interpersonal skills to assign, motivate staff, elicit work output, improve quality and interact effectively with residents, families, interdisciplinary team members, facility staff, administration, government officials, consultants, visitors and others
- Able to understand and to follow written and verbal directions. Able to express self adequately in written and/or oral communication (including documentation in clinical records) with direct care staff, interdisciplinary team members, administration, and government officials
- Knowledge of emergency and disaster procedures of facility. Able to locate nearest exit, to understand and respond to written or oral instruction in case of emergency
- Sufficient mobility, and strength to move freely through the building, to assure resident safety at all times and to assist, transfer or otherwise move residents of facility out of danger in case of emergency

- Demonstrate respect for co-workers and responds to needs of residents by complying with facility policies on attendance and punctuality and dress code. Able to arrive and to begin work on time and to report for duty as scheduled including weekends and holidays
- Working knowledge and ability to comply with facility policies and procedures for workplace safety including infection control procedures, application of standard precautions for blood borne pathogens, use of personal protective equipment and handling of hazardous materials
- Must be able to key information into computer systems
- Demonstrate ability to prioritize tasks/responsibilities and complete duties/projects within allotted time
- Able to respond to change productively and to handle additional tasks/projects as assigned
- Able to carry out the essential functions of this job (with or without reasonable accommodation) without posing specific, current risk of substantial harm to health and safety of self and others
- Other duties as assigned by the Director of Nursing

QUALIFICATIONS/REQUIREMENTS:

Education: Graduate of accredited school of nursing

License: Current, active license as Registered Nurse or Licensed Vocational Nurse

Work Experience: Experience in long term geriatric nursing care and experience and/or training in supervision preferred

Language Skills:

- Must be able to read, analyze, and interpret common scientific and technical information, and to be easily understood through verbal communication in the English language.

Mathematical Skills:

- Must be able to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
- Ability to perform these operations using units of weight measurement, and volume.

Communication Skills:

- Must have exceptional communication and customer service skills, and be empathetic.
- Ability to effectively communicate with patients, families, responsible parties, staff and outside resources and agencies.

PHYSICAL CAPACITIES: (With or Without the Aid of Mechanical Devices)

- Must be able to move intermittently throughout the workday.
- Must be able to see and hear or use prosthetics that will enable these senses to function adequately to ensure that the requirements of this position can be fully met.
- Must meet the general health requirements set forth by the policies of this facility which includes an annual TB screening and physical examination.
- Frequent bending, twisting and reaching.
- Must be able to lift and carry up to 25 pounds.
- Requires infrequent lifting of weight up to 100 pounds with assistance.
- Frequent pushing and pulling of medical carts/

- Infrequent transporting of residents.
- Must be able to cope with the mental and emotional stress of the position.

ENVIRONMENTAL CONDITIONS:

Inside work, normal temperatures, some noise, occasional fumes/odors, chemical exposure and potential exposure to bloodborne pathogens.

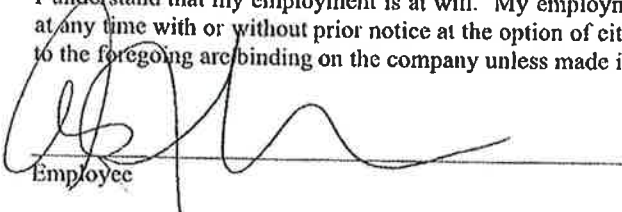
This job cannot be performed without exposure to the stresses associated with an intimate, 24 hour skilled care environment that delivers care and services primarily to disabled and cognitively impaired residents in an aging population. Examples of these stresses include, but are not limited to: emergency health or safety response, weekend and holiday duty, unusual or impaired behavior by residents, family reactions to having a loved one in a nursing home, death and dying, oversight of state surveyors, ombudsmen and federal officials, presence of consultants and attorneys, and variable involvement of medical staff.

ACKNOWLEDGEMENT:

Every effort has been made to identify the essential functions of this position. However, this in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from this position.

I have read this job description and fully understand the requirements. I understand that proprietary information remains the property of the company and confidential information must remain within the confines of the company during and after employment. I hereby accept the position of Charge Nurse and agree to perform this position in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, burn, infections diseases, air contaminants (including tobacco smoke), hazardous chemicals, and to the Hepatitis B virus, and that I will be responsible for following company policies and procedures when in contact with any of the situations described above.

I understand that my employment is at will. My employment is for no definite or determinable period and may be terminated at any time with or without prior notice at the option of either myself or the company. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the facility Administrator.


Employee8/12/16
Date
Supervisor8-12-16
Date

ET 5

4a

573

ACKNOWLEDGEMENT:

Every effort has been made to identify the essential functions of this position. However, this in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from this position.

I have read this job description and fully understand the requirements. I understand that proprietary information remains the property of the company and confidential information must remain within the confines of the company during and after employment. I hereby accept the position of Charge Nurse and agree to perform this position in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, burn, infections diseases, air contaminants (including tobacco smoke), hazardous chemicals, and to the Hepatitis B virus, and that I will be responsible for following company policies and procedures when in contact with any of the situations described above.

I understand that my employment is at will. My employment is for no definite or determinable period and may be terminated at any time with or without prior notice at the option of either myself or the company. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the facility Administrator.

Veronica Vasquez
Employee

7/22/16
Date

Stacy Smith MPA
Supervisor

7-22-16
Date

ACKNOWLEDGEMENT:

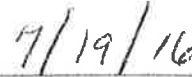
Every effort has been made to identify the essential functions of this position. However, this in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from this position.

I have read this job description and fully understand the requirements. I understand that proprietary information remains the property of the company and confidential information must remain within the confines of the company during and after employment. I hereby accept the position of Charge Nurse and agree to perform this position in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, burn, infections diseases, air contaminants (including tobacco smoke), hazardous chemicals, and to the Hepatitis B virus, and that I will be responsible for following company policies and procedures when in contact with any of the situations described above.

I understand that my employment is at will. My employment is for no definite or determinable period and may be terminated at any time with or without prior notice at the option of either myself or the company. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the facility Administrator.



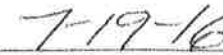
Employee



Date



Supervisor



Date

ACKNOWLEDGEMENT:

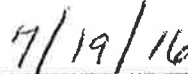
Every effort has been made to identify the essential functions of this position. However, this in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from this position.

I have read this job description and fully understand the requirements. I understand that proprietary information remains the property of the company and confidential information must remain within the confines of the company during and after employment. I hereby accept the position of Charge Nurse and agree to perform this position in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, burn, infections diseases, air contaminants (including tobacco smoke), hazardous chemicals, and to the Hepatitis B virus, and that I will be responsible for following company policies and procedures when in contact with any of the situations described above.

I understand that my employment is at will. My employment is for no definite or determinable period and may be terminated at any time with or without prior notice at the option of either myself or the company. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the facility Administrator.



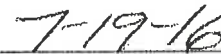
Employee



Date



Supervisor



Date



employee handbook

577

ETS

Contents

ONE: Getting Acquainted	2	FIVE: Employee Benefits	14
Welcome	2	Eligibility	14
Right to Revise Handbook	2	Bereavement	14
Employment At-Will	2	Jury/Witness Duty	14
Equal Employment Opportunity	3	Group Insurance Plans	15
Anti-Harassment/Discrimination	3	COBRA	15
		401(k)	15
TWO: Communication	5	Workers' Compensation	16
Communication in English	5		
Open-Door Policy	5	SIX: Leaves of Absence	17
		Family and Medical Leave	17
THREE: Employment Policies	6	Types of Family and Medical Leave	18
Employment Classifications	6	Workers' Compensation Leave	20
Introductory Period	7		
Job Duties	7	SEVEN: Work Rules	21
Performance Evaluation	7	Ethical Business Practices	21
Promotions	8	Conflict of Interest	21
Transfers	8	Confidentiality of Information	21
Termination of Employment	8	Resident Rights & Privacy Expectations	22
Exit Interviews	8	False Claims Act	23
Personnel Records	9	Solicitations, Collections and Petitions	23
Re-Hire	9	Media Contact	23
Length of Service	9	Drug-free and Alcohol-free Workplace	23
		Workplace Searches	24
FOUR: Wage and Hour	10	Smoking/Tobacco Usage	24
Pay Periods and Pay Days	10	Professional Courtesy & Behavior	25
Overtime	10	Suggestions	26
Calculation of Overtime	10	Bulletin Board	26
Time Records	11	Loitering	26
Work Hours	11	Travel Expenses	27
Rest and Meal Periods	11	Appearance and Dress	27
Lactation Accommodation	12	Safety in the Workplace	27
Attendance and Punctuality	12	Security in the Workplace	28
On-Call Time	12	Company Property	29
Travel Time	12	Personal Property	29
Inclement Weather/Natural Disasters	13	Electronic Communications System	29
Wage Garnishment	13	Use of Mobile Phones or Text Messaging While Driving	31
		Company In-Service/Staff Meetings	31
		Acknowledgement and At-Will Agreement	32

ONE: Getting Acquainted

Welcome

Welcome! As an employee of this Company, you are a very important member of a team effort to provide quality care to the residents we serve. We hope you will find your employment to be rewarding, challenging and productive.

Because our results and success depends upon the dedication and compassion of our employees, we are selective in choosing new members of our team. We look to you and your co-workers to contribute to the success of the Company.

This *Employee Handbook* is intended to explain the terms and conditions of employment of all full-time, part-time and on-call employees and supervisors. Individual written employment contracts between the Company and some individuals may supersede some of the provisions in this handbook.

This handbook summarizes the policies and practices in effect at the time of publication. This handbook supersedes all previously issued handbooks and any policy or benefit statements or memoranda that are inconsistent with the policies described here. To the extent the *Employee Handbook* is inconsistent with an applicable collective bargaining agreement; the collective bargaining agreement shall govern. Your supervisor or manager will be happy to answer any questions you may have. Again, welcome!

Right to Revise Handbook

This *Employee Handbook* contains the employment policies and practices of the Company in effect at the time of its publication. All previously issued handbooks and any inconsistent policy statements or memoranda are superseded.

The Company reserves the right, to revise, modify, delete or add to any and all policies, procedures, work rules or benefits stated in this handbook or in any other document, except for the policy of "at-will" employment. However, any such changes will be in writing and must be signed by both the Administrator and the President.

Any written changes to this handbook will be distributed to all employees so that you will be aware of the new policies and procedures. No oral statements or representations can in any way alter the provisions of this handbook.

This handbook sets forth the entire agreement between you and the Company as to the duration of employment and the circumstances under which employment may be terminated. Nothing in this *Employee Handbook* or in any other personnel document, including benefit plans descriptions, creates or is intended to create a promise or representation of continued employment for any employee.

Employment At-Will

Employment with the Company is at-will, unless otherwise specified in a written employment agreement. This means employment with the Company is not for any specified period and may be terminated by you or the Company at any time, with or without cause or advance notice. In connection with this

policy, the Company reserves the right to modify or alter your position, in its sole discretion, with or without cause or advance notice, through actions other than termination, including demotion, promotion, transfer, change in reporting relationships, reclassification or reassignment. In addition, the Company reserves the right to exercise its managerial discretion in imposing any form of discipline it deems appropriate. No person other than the President or an owner has the authority to enter into an agreement contrary to this statement. To be valid, such agreement must be specific, in writing and signed by the President of the Company or an owner of the Company and you.

Equal Employment Opportunity

It is the policy of the Company to provide equal employment opportunities to all employees and employment applicants without regard to unlawful considerations of race, religion, color, national origin, sex, sexual orientation, gender identity, gender expression, age, disability, veteran status, marital status or any other classification protected by applicable local, state or federal laws. This policy applies to all aspects of employment, including, but not limited to, hiring, job assignment, compensation, promotion, benefits, training, discipline and termination. We are dedicated to take affirmative action to employ and promote protected veterans and qualified individuals with disabilities. Reasonable accommodation is available for qualified individuals with disabilities, upon request.

Anti-Harassment/Discrimination

The Company is committed to providing a work environment free of any form of unlawful harassment or discrimination. *Company policy prohibits sexual harassment and harassment or discrimination based on pregnancy, childbirth or related medical conditions, race, religion, creed, color, gender, national origin or ancestry, physical or mental disability, medical condition, marital status, registered domestic partner status, age, sexual orientation, or any other basis protected by federal, state or local law or ordinance or regulation.* The Company's anti-harassment/discrimination policy applies to all persons involved in the operation of the Company and prohibits such conduct by any employee of the Company, including supervisors and managers, as well as vendors, customers, independent contractors and any other persons. It also prohibits harassment or discrimination based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

Sexual or other unlawful harassment or discrimination includes any verbal, physical or visual conduct based on sex, race, age, national origin, disability or any other legally protected basis if:

- i. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or engagement;
- ii. submission to or rejection of such conduct by an individual is used as a basis for decisions concerning that individual's employment or engagement; or
- iii. it creates a hostile or offensive work environment.

Sexual harassment includes unwelcome sexual advances, requests for sexual favors and lewd, vulgar or obscene remarks, jokes, posters or cartoons, and any unwelcome touching, pinching or other physical contact. Other forms of unlawful harassment or discrimination may include racial epithets, slurs and derogatory remarks, stereotypes, jokes, posters or cartoons based on race, national origin, age, disability, marital status or other legally protected categories.

Employees or contract workers who feel that they have been harassed or discriminated against, or who witness any harassment or discrimination by an employee, customer, vendor or anyone else who does business with the Company, should immediately report such conduct to their supervisor, any other member of management or Human Resources.

Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating the situation. No employee, customer, vendor or other person who does business with this organization is exempt from the prohibitions in this policy. In response to every complaint, an investigation will be conducted and, if improper conduct is found, appropriate corrective action will be taken.

The Company encourages all employees to report any incidents of harassment forbidden by this policy **immediately** so that complaints can be quickly and fairly resolved. You also should be aware that the Federal Equal Employment Opportunity Commission (EEOC), the California Department of Fair Employment and Housing (DFEH), Utah's Anti-discrimination & Labor Division, and Arizona's Office of the Attorney General Civil Rights Division investigate and prosecute complaints of prohibited harassment in employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate agency. The nearest office is listed in the telephone book or on-line.

The Company does not tolerate retaliation against any person who reports a claim of discrimination or unlawful harassment, cooperates in any investigation, or who initiates or assists in any action or proceeding, regarding unlawful harassment or discrimination. Incidents of retaliation should be reported immediately to your supervisor or to the Administrator.

TWO: Communication

Communication in English

In order to operate safely, efficiently and consistently with the rights of our residents, English should be used in resident care areas and common areas typically occupied by residents and family members, unless the resident or family members are conversant in a foreign language and wish to communicate with staff in that language. For instructional purposes in resident care areas, languages other than English may be used with consideration for our residents and family members.

Open-Door Policy

To facilitate open communication and promptly resolve problems, you are encouraged to bring any work-related questions or concerns to the attention of the Company. The Company welcomes such discussions because it allows the Company to maintain a productive and harmonious atmosphere. You will not be subject to any adverse employment actions for raising good-faith concerns in a professional manner.

Although any member of management may be contacted to discuss a problem or concern, the Company recommends that you try to resolve the situation first with your immediate supervisor, as that person is generally in the best position to evaluate the situation and provide an appropriate solution.

If you are not satisfied with the supervisor's decision, or you are uncomfortable discussing the issue with the immediate supervisor, you may go to the next level of management. To ensure that problems or complaints are properly addressed, you are encouraged to submit complaints or concerns in writing. Although the Company will strive to reach a result that is satisfactory to all parties concerned, the Company must maintain its ability to make decisions that are in the best interests of the Company as a whole.

At any point in the process, you may contact Human Resources for guidance at (760) 471-0388. For complaints involving potential harassment or discrimination, please refer to the *Anti-Harassment/Discrimination* policy in this handbook.

THREE: Employment Policies

Employment Classifications

All employees are assigned a classification upon hire, transfer, position change or rehire. Below are definitions of the various employment classifications:

Full-Time Employees

Those who are regularly employed in positions of a continuing nature, who work thirty (30) hours or more per week on a regular basis. Full-time employees are eligible for benefits subject to the terms and conditions of the benefit plan or policy.

Part-Time Employees

Those who are regularly employed in positions of a continuing nature, who work less than thirty (30) hours per week on a regular basis. Part-time employees are not eligible for benefits except as expressly described herein.

Regular Employees

Those who are hired to work on a regular schedule. Regular employees may be full-time or part-time.

On-Call Employees

Those who work on an irregular basis and are not employed in a position of a continuing nature, and/or those who work on an as needed basis. On-call employees are not eligible for benefits except as expressly described herein.

Temporary Employees

Those who are hired for a specific period of time, not to exceed ninety days. Temporary employees may work full-time or part-time hours, but are not eligible for benefits except as required by law. An employee's temporary status will not automatically change merely by working longer than the period originally designated. A temporary employee who accepts a regular, full-time position will be reclassified to full-time status, and will become eligible for benefits after successful completion of their *Introductory Period*.

Exempt

Exempt status is determined by federal and state law. In general, exempt employees are those engaged in executive, managerial, high-level administrative and professional jobs who are paid a fixed salary and perform certain duties. Exempt employees are not subject to the minimum wage and overtime laws.

Non-Exempt

All employees who are covered by the federal or state minimum wage and overtime laws are considered nonexempt. Employees working in nonexempt jobs are entitled to be paid at least the applicable minimum wage per hour and a premium for overtime.

Salaried Employees

Those who are offered and paid a salary, and who are generally exempt employees. However, placing an employee on a salary does not exempt that employee from the overtime provisions of the FLSA or other applicable state laws. A non-exempt employee who has been placed on salary remains eligible for overtime.

Hourly Employees

Those who are offered and paid an hourly rate, and who are generally non-exempt.

Introductory Period

Your first ninety days of employment are considered time for you and your supervisor and/or department manager to become acquainted. The *Introductory Period* provides both you and the Company an opportunity to evaluate the suitability of the job you have been assigned.

At the discretion of your supervisor or department manager, your *Introductory Period* may be extended one time for thirty days. If an employee's performance does not meet Company standards, they may be terminated during the *Introductory Period*, or during an extension, without notice. During the *Introductory Period*, employees are not eligible for and do not accrue benefits.

Successful completion of the *Introductory Period* or extension does not alter the at-will nature of employment with the Company.

Job Duties

Your supervisor will explain your job responsibilities and the performance standards expected of you. Please be aware that your job responsibilities may change at any time during your employment. From time to time, you may be asked to work on special projects or to assist others with their work. These assignments are necessary or important to the operation of your department or to the Company as a whole. Your cooperation and assistance in performing such additional work is appreciated and expected.

We value safety in the workplace. You are expected to perform the duties of your position safely at all times. Additionally, you are expected to perform your job duties in an appropriate manner at the assigned times. You must be at your workstation, ready to work, at the start of your work period. You are expected to focus your full attention on your duties while at work.

The Company reserves the right, at any time, with or without notice, to alter or change job responsibilities, reassign or transfer job positions, or assign additional job responsibilities.

Performance Evaluation

Performance evaluations provide means for you and your supervisor to discuss your work performance, including such factors the quality and quantity of your work, your knowledge of the job, your initiative, your work attitude, and your attitude toward others. It is also the time to set goals and objectives for performance improvement.

You will receive periodic performance evaluations. Generally, your first review will be upon the completion of your *Introductory Period*. After your initial review, performance evaluations will be conducted annually, on or about your employment anniversary date.

Please recognize that a positive performance does not guarantee a raise in pay. Wage increases are solely at the discretion of your supervisor and the Administrator, and depend on many factors besides your job performance.

At the end of your performance evaluation, you will be asked to sign the performance evaluation simply to acknowledge that it has been discussed with your supervisor and that you are aware of its contents. Your signature does not imply agreement.

Promotions

The Company is interested in the advancement of our employees through career growth within the Company. Employees in the *Introductory Period* and employees not in good standing will not be considered for promotion.

Transfers

In order to be eligible for a transfer to an affiliated Company, you must complete six (6) consecutive months of service with the current Company and/or be in your current position for at least six consecutive months. You must also have demonstrated satisfactory performance in your current position. However, this does not guarantee that a transfer will be approved.

You are responsible for notifying your current Administrator of your interest in a transfer. Lack of notification may result in you being ineligible for transfer. Both your current Administrator and the Administrator of the new location must mutually agree on the transfer and the transfer's effective date.

If approved for a transfer, your original hire date, annual review date and seniority remain constant for purposes of annual performance evaluations and pay rates.

Termination of Employment

Employment at the Company is at-will, and may be terminated by you or the Company at any time for any reason. Notice is not required, but is appreciated.

In the event of either voluntary termination or involuntary termination, your final paycheck will be issued in a timely manner, in accordance with the regulations set by federal, state, or local law.

At the time of termination, you must return any Company property issued to you during the course of your employment. These items may include, but are not limited to, keys, handbooks, manuals, books, business records, telephone directories, office supplies, credit cards, or automobile.

Exit Interviews

The Company provides an opportunity for all departing employees to participate in an exit interview. One of the purposes for this interview is to make sure that you are not leaving because of a misunderstanding or condition that could be remedied by either you or the Company. The Company is also interested in any information that could help improve working conditions and resident care. If an interview is not conducted and you would like to have one, you should contact your immediate supervisor or the Administrator.

Personnel Records

We are required by law to maintain accurate records on each employee. It is your responsibility to advise the HR/Payroll Coordinator of any changes regarding your address, telephone number, social security number, emergency notification, or any other significant information. You may review your personnel file by completing a "Request to Review Personnel File" form and arranging an appointment with the Administrator.

Re-Hire

A former employee who is re-hired by the Company within ninety days of his or her termination date is considered a re-hired employee and will retain his or her seniority and original hire date. Seniority and original hire date impacts certain benefits, including group health and dental insurance, vacation accrual and certain leaves of absence.

An employee re-hired more than ninety days of his or her termination date will be required to complete a ninety-day *Introductory Period*, and will not be eligible for benefits until the successful completion of the *Introductory Period*, unless otherwise allowed by the applicable benefit plan.

Length of Service

Length of service is determined by the period of time an employee has worked for the Company. It includes the time for which the employee has received pay. It also includes certain periods of time for which the employee may be given credit (even though not actively at work), such as a leave of absence.

In most cases, the anniversary date will be used to determine the length of service. Length of service may be a factor in decisions on scheduling time off, job promotions, transfers, benefits, and reductions in force.

FOUR: Wage and Hour

Pay Periods and Pay Days

Employees are paid semi-monthly. The pay periods are from the first day through the fifteenth day of the month, and from the sixteenth day of the month through the last day of the month. Unless otherwise noted, payday is the 25th and the 10th of each month for the prior pay period.

If the designated payday falls on a weekend, checks will be distributed on the previous Friday. When the designated payday occurs on a holiday, management will designate another date as payday.

Employees not working on payday may pick up their paycheck in the place designated by the Company during the hours specified. In the event an employee is unable to pick up their paycheck on payday, their paycheck will be held in a secured place until they are able to pick it up. Prior **written** authorization is required for a designee to pick up an employee's paycheck.

The Company does not permit pay advances of any kind. Any questions concerning employee paychecks should be addressed to your supervisor and/or the HR/Payroll Coordinator.

Overtime

Nonexempt employees may be required to work beyond their regularly scheduled workday whenever it is deemed necessary or appropriate by their supervisor or Company management. The Company will attempt to provide reasonable advance notice, but that may not always be possible. Employees are expected to cooperate with such requests. Nonexempt employees will be paid an overtime premium of one and one-half times their regular hourly rate of pay for all hours worked in excess of forty (40) per workweek. Nonexempt employees may not work overtime without the prior approval of their supervisor. Employees who fail to comply with this policy may be subject to disciplinary action up to and including termination of employment. Exempt employees are not eligible for overtime pay.

Calculation of Overtime

Compensation for authorized overtime will be paid to nonexempt employees in accordance with applicable state and federal laws. In calculating eligibility for overtime compensation, only hours actually worked will be included. Hours paid but not worked, such as sick, vacation, holiday, etc., are **not** counted when overtime is calculated.

For the purpose of calculating an employee's entitlement to overtime compensation, the "workday" means the 24-hour period that begins at 12:01 a.m. and ends at midnight. The "workweek" means the 7-day period that begins at 12:01 a.m. Sunday and ends at midnight the following Saturday.

Alternative work schedules – approved by administration and elected by the affected employees – are an exception to state overtime laws. When in place, overtime paid to employees under the "alternative" work schedule will be paid in accordance with state law and the applicable alternative work schedule.

Time Records

Time records are official Company documents. All non-exempt employees are responsible for properly using the automated time clock system. Time must be accurately recorded on a daily basis. The start and end of the workday, as well as the start and end of the meal period and any personal time off, must be recorded. You may not take work home without the express advance approval of the Administrator. If such approval is given, you must properly record all hours worked at home. In addition, you must report any time spent responding to a work-related phone call, email or text after your working hours.

You may not record time for, or alter the time record of, another employee. Additionally, you must verify the accuracy of your time records and immediately notify the HR/Payroll Coordinator of any corrections.

You are responsible for abiding by your scheduled work hours and notifying your supervisor or the HR/Payroll Coordinator of any errors or questions regarding your time record. Any attempt to sabotage the automated time keeping system, or falsify hours worked, is a violation of this policy, and you will be subject to disciplinary action up to and including termination.

Work Hours

Unless directed differently by your supervisor or Administrator, shift hours are as follows:

11:00 pm – 7:00 am

7:00 am – 3:00 pm

3:00 pm – 11:00 pm

Hours for office staff are from 8:00am to 5:00pm. Changes to work hours may be made at any time if deemed necessary.

Rest and Meal Periods

Nonexempt employees are provided with one 10-minute rest period for every four-hour period of work or major portion thereof. To the extent possible, each rest period should be taken in the middle of the four-hour work period. This time is counted and paid as time worked. Therefore, you must not be absent from your workstations beyond the allotted rest period time.

Nonexempt employees scheduled to work more than five hours in a workday are provided with a 30-minute unpaid, duty-free meal period. In the event that six hours will complete your shift and you have entered a written meal period waiver, you may voluntarily elect to forgo the meal period. Supervisors will schedule meal periods to accommodate operating requirements.

Lactation Accommodation

To help working mothers achieve the American Academy of Pediatrics recommendation that women breastfeed until children are at least one year of age, the Company will provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's infant child. When possible, the break time should coincide with the employee's paid rest period. A location will be provided that allows the employee privacy. Please see your Administrator to arrange accommodation.

Attendance and Punctuality

As a vital part of the team, we count on you to arrive to work on time and as scheduled. If, for any reason, you are unable to come to work, you are required to contact your supervisor or other designated person at least two hours before your scheduled arrival. The same applies if you are going to be late for work.

Please talk to your supervisor or Administrator regarding the standard for excessive absenteeism and tardiness, as defined by the Company. Information on attendance standards will be communicated during orientation. Excessive absences or tardiness may result in disciplinary action up to and including termination.

Failure to report to work, without notifying your supervisor, is commonly called a "no-call, no-show". Any employee who is a no-call, no-show for one or more consecutive days is considered to have voluntarily resigned from his or her position. Exceptions may be made in emergency situations.

Employees absent for medical reasons for three or more consecutive days are required to provide a physician's note, signed and dated by the physician, verifying the absence.

On-Call Time

On-call employees will be paid when they arrive at work and begin working and will cease to be paid when they stop working.

If on-call coverage is performed from home, the employee will be paid for actual time spent responding to phone calls or actual time spent on work-related projects.

The employee will not be paid time when they are free to engage in their own pursuits, and only subject to leaving word as to where they can be reached.

Travel Time

If you travel on Company business, you are expected to conduct yourself in a professional manner and to follow all established conduct and work rules.

Travel time to and from your home to your regular place of work and back again is not considered time worked. If you begin travel from home, time spent in the normal home-to-work commute should be deducted from travel time and will not be counted in the compensated travel time calculated.

If sent out of town on a one-day assignment, all your time will be counted as hours worked except time that would normally be spent at meals, or traveling to and from your regular place of work.

If you are sent out of town on an assignment that involves overnight stay, travel time during normal work hours will be counted as hours worked. Normal meal breaks will be deducted. Time spent at meals, recreation or sleep after reaching the destination is not counted as work time.

Travel from one Company job site to another will be considered as work time.

Your supervisor must approve all travel time in advance. Failure to secure advanced approval may result in disciplinary action.

Inclement Weather/Natural Disasters

In the event of severe weather or a natural disaster that prevents employees from safely traveling to and from work, the following policies apply:

- **Inclement Weather:** If weather conditions prevent you from safely traveling to work, you must notify your supervisor or department head as soon as possible by telephone, if telephone service is functional, or by any other available means, that you will be taking an *unpaid* day off.
- **Natural Disasters:** In the event of a natural disaster such as an earthquake, fire or explosion, please contact your supervisor or department head immediately if possible. Work time missed due to natural disasters is *unpaid* time. Employees are expected to assist, where possible, at work in the event of a natural disaster.

Wage Garnishment

The Company discourages the practice of having your wages attached for personal debts. However, we will abide with all requirements under the law in making deductions from your wages for garnishments. We reserve the right, to the extent allowed by law, to assess a fee in the event garnishment notices or wage deduction orders are received.

FIVE: Employee Benefits

We value our employees and appreciate the jobs you do. To show our appreciation to our employees, we offer a package of insurance and time off benefits.

Please note that this handbook contains only a summary of benefits. You should also be aware that benefit plans might be changed or amended at any time. For the latest benefit information, or if you have any questions, please see your supervisor or HR/Payroll Coordinator.

Eligibility

To be considered eligible to receive most of the benefits listed, you must be a full-time employee who is regularly scheduled to work thirty or more hours a week and who has satisfactorily completed their *Introductory Period*.

Any benefits with different eligibility requirements than listed above will have those requirements listed.

Bereavement

Paid bereavement leave is available to all full-time employees who have satisfactorily completed their *Introductory Period*. Three days paid bereavement leave is given for the loss of an employee's immediate family member, including spouse, domestic partner, children, grandchildren, parents, grandparents, siblings, or a relative who resides in the employee's household.

Upon the approval of an employee's supervisor, requests for additional days of unpaid bereavement leave may be granted to full-time employees who need additional time off. Additionally, upon approval of an employee's supervisor, unpaid bereavement time off may be granted for employees who are not otherwise eligible for paid bereavement leave or for employees who wish to attend the funeral of persons other than immediate family members.

Jury/Witness Duty

We encourage employees to fulfill their civic responsibilities by serving jury duty when required or appearing in court for witness duty when subpoenaed to do so. Full-time employees who have satisfactorily completed their *Introductory Period* are eligible for ten days paid leave when summoned for jury or witness duty. Different rules may apply to exempt employees.

You must show the jury duty summons or subpoena to your supervisor and provide a copy to the HR/Payroll Coordinator as soon as you receive it so that the supervisor can make arrangements to accommodate your absence. You are expected to report for work whenever the court schedule permits.

The Company will pay employees their regular wages for regularly scheduled working day(s) spent on jury duty, less any compensation the employees receives for jury service.

Jury or witness duty pay is based upon regular wages, and does not include shift differential. Time paid for jury or witness duty will not be included in the calculation of overtime.

Group Insurance Plans

During orientation, employees will receive information regarding the group insurance plan offered by the Company. This information includes eligibility requirements, enrollment procedures, and employee contribution rates.

If you are eligible for the group insurance plans but elect to waive coverage, you will be required to sign a waiver of insurance coverage, and will not be eligible to enroll until the next open enrollment period. Please see your HR/Payroll Coordinator for open enrollment times.

If you have a qualifying event during employment, you may enroll yourself and/or your dependents in this plan, provided that you have had a qualifying event AND request enrollment within thirty (30) days of the qualifying event. Qualifying events include loss of other coverage, marriage, birth, or adoption.

Most group coverage begins the first of the month after the employee completes their *Introductory Period*. Please see your HR/Payroll Coordinator for plan details and enrollment information.

COBRA

Continuation of insurance coverage is available for all employees, their spouse and/or dependents due to termination of employment, reduction in hours to an ineligible status, marital separation, divorce, death, or other qualifying events.

It is the employee's responsibility to notify the Company of the occurrence of a qualifying event. You must notify the Company HR/Payroll Coordinator, who administers COBRA, within thirty (30) days of any qualifying events that may lead to, or extend, COBRA coverage. Failure to provide notice of a qualifying event may affect the right to continued coverage. Please see your HR/Payroll Coordinator for details regarding COBRA.

401(k)

To help you prepare for the future, the Company provides a 401(k) Plan as part of its benefits package. All regular full-time, regular part-time, or on-call employees, may start participating in this plan as soon as they meet the eligibility period. For plan details, please see your HR/Payroll Coordinator.

With this plan, you may save up to twenty (20) percent of your pay on a before-tax basis. By saving on a before-tax basis, you reduce the taxes you pay today and delay paying taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan.

In addition to your contributions, the Company will match 10% of the first 4% of pay that you defer, after you have completed one year of service. You vest, or gain ownership, in the matching contributions based on the schedule below.

Years of Service	Total Amount Vested
0 – 1	0%
1	25%
2	50%
3	75%
4	100%

Workers' Compensation

The Company carries Workers' Compensation insurance coverage as required by law to protect employees who are injured on the job. This insurance provides medical, surgical and hospital treatment in addition to payment for the loss of earnings that result from work related injuries. The cost of this coverage is paid entirely by the Company.

If you are injured while working, you must report the injury **immediately** to your supervisor or workers comp coordinator, no matter how minor the injury may be. Any questions regarding the Workers' Compensation insurance program should be directed to the Administrator.

To ensure employees of quality care in case of a work-related injury or illness; we will direct you to an appropriate health care provider within our medical provider network (MPN), unless you have pre-designated your personal physician. Employees who have pre-designated a physician may, with some exceptions, be transferred to an MPN physician after your first visit.

If you choose to pre-designate, the designated doctor must be your primary care physician, agree to be your pre-designated physician, have directed your treatment prior to being pre-designated, and must have control of your medical records and history. Pre-designation must be on file with the Company prior to the occurrence of any work-related injury.

SIX: Leaves of Absence

While regular attendance is crucial to maintain business operations, the Company recognizes that, for a variety of reasons, you may need time off from work. The Company has available several of types of leaves of absence. Some leaves are governed by law and others are discretionary. For all planned leaves, however, you must submit a request at least thirty (30) days in advance; in case of an emergency, the request should be made as soon as you become aware of the need for leave. All leaves must have the approval of Company management.

All requests for a leave of absence will be considered in light of their effect on the Company and its work requirements, as determined by Company management, which reserves the right to approve or deny such requests in its sole discretion, unless otherwise required by law. For disability-related leave requests, the Company will engage in an interactive process with you to determine if a leave is the most appropriate accommodation. You must provide a certification from your health care provider or authorize the health care provider to release the required information to the Company to support a leave for medical reasons. Failure to provide the required certification and/or authorization to the Company in a timely manner may result in delay or denial of leave. If you fail to return to work on the first workday following the expiration of an authorized leave, you will be deemed to have voluntarily resigned from the Company and will be taken off the payroll. Should you require an extension of leave, you must request such extension and have it approved before the expiration of the currently approved leave.

While the Company will make a reasonable effort to return you to your former position or a comparable position following an approved leave of absence, there is no guarantee that you will be reinstated to your position, or any position, except as required by law.

All leaves are unpaid, except as specified below:

1. Employees who are on leaves of absence will not accrue vacation or sick leave benefits during leave;
2. Employees may use any accrued vacation and, if applicable, sick leave upon request; and
3. Group health insurance coverage will be continued during a leave of absence provided you pay your share of the premiums. Use of vacation and/or paid sick leave during an otherwise unpaid leave will not extend the period of an approved leave of absence.

Holidays that fall during a leave of absence will not be paid.

Family and Medical Leave

Eligibility and Requests for Leave

Eligible employees may request a family and medical leave of absence under the circumstances described below. Eligible employees are those who have been employed by the Company for at least twelve (12) months (not necessarily consecutive), have worked at least 1,250 hours during the twelve (12) months immediately prior to the family and medical leave of absence, and are employed at a worksite where there are 50 or more employees within 75 miles.

You must request a planned family and medical leave at least thirty (30) days before the leave begins. If the need for the leave is not foreseeable, you must request the leave as soon as practicable (within one (1) to two (2) business days of learning of the need for leave). You should use the Request for Leave of Absence form, available upon request from Human Resources. When seeking leave under this policy, you must provide the Company with a certification establishing eligibility for leave. When leave is requested, the Company will notify you of the requirements for obtaining certification and when the certification is due. Failure to comply with this requirement may result in a delay of the start of the leave.

Benefits While on Leave

During a Family and Medical Leave, group health benefits will be maintained for the duration of the family and medical leave as if you were actively working. You must continue to pay your share of applicable premiums (for the employee and any dependents) during the leave. You will not continue to accrue vacation or sick leave while on a leave of absence.

Pay While on Leave

Family and medical leave is unpaid leave; however, you may use any accrued but unused vacation or sick pay while on leave, in accordance with the terms of the Company's vacation and sick leave policies. In addition, if you are receiving workers' compensation benefits or disability insurance benefits during a family and medical leave, you may also use vacation and/or sick pay, as applicable, to supplement those benefits up to 100% of base pay. You must follow regular Company policies with regard to the use of vacation and/or sick pay. Use of vacation, sick and/or any other paid leave benefits will not extend the period of the approved leave.

Return From Leave

If you do not return to work on the first workday following the expiration of an approved family and medical leave, and have not requested an extension of leave in advance, with appropriate documentation, you will be deemed to have resigned from your employment. When returning from such a leave, you will normally be reinstated to your original or an equivalent position and will receive pay and benefits equivalent to those received prior to the leave, as required by law.

In certain circumstances, "key" employees may not be eligible for reinstatement following a family and medical leave. The Company will provide written notice to you if you are a "key" employee who is not eligible for reinstatement.

If you have any questions concerning or would like to submit a request for a Family and Medical Leave of absence, please contact the Human Resources department.

Types of Family and Medical Leave

Traditional Family and Medical Leave

A family and medical leave may be taken for the following reasons:

1. The birth of your child or the placement of a child with you for foster care or adoption, so long as the leave is completed within twelve (12) months of the birth or placement of the child;
2. The care of your spouse, child, or parent with a serious health condition; or

3. Your own serious health condition.

A "serious health condition" is one that requires inpatient care in a hospital or other medical care Company or continuing treatment or supervision by a healthcare provider. You may take a leave under paragraph (2) above only if, due to a serious health condition, your spouse, child, or parent requires your care or assistance as certified in writing by the family member's healthcare provider. If you are seeking a leave under paragraph (3) above, you must provide the Company with a medical certification from your healthcare provider establishing eligibility for the leave, and must provide the Company with a release to return to work from the healthcare provider before returning to work. When leave is requested, the Company will notify you of the requirement for medical certification and when it is due.

Family and Medical Leave may be taken for up to twelve (12) workweeks during the designated 12-month period. The 12-month period will be calculated based on a rolling 12-month period, measured backward from the date you use any family and medical leave. All time off that qualifies as family and medical leave will be counted against your state and federal family and medical leave entitlement to the fullest extent permitted by law.

If both spouses are employed by the Company, the spouses may be limited to take only a combined total of twelve (12) weeks of leave during the designated 12-month period if leave is taken due to the birth of an your child, the placement of a child with you for foster care or adoption, or to care for your parent's serious health condition, unless a longer period is otherwise permitted by law.

Military Caregiver Leave

Employees who are eligible for Traditional Family and Medical Leave ("FMLA") may also request leave if their spouse, child, parent, or next of kin meets the definition of an injured or recovering "covered service member." "Next of kin" is defined as the closest blood relative of an injured or recovering covered service member.

"Covered service member" is defined as: (1) any member of the armed forces, including the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy; is otherwise in outpatient status; or is otherwise on the temporary-disability retired list for a serious injury or illness; or (2) who is a veteran who is undergoing medical treatment, recuperation or therapy, for a serious injury or illness and who was a member of the Armed Forces, (including a member of the National Guard or Reserves) at any time during the period of five (5) years preceding the date on which the veteran undergoes the medical treatment, recuperation, or therapy.

If you are seeking a leave under this policy, you must provide the Company with a medical certification from the injured service member's healthcare provider establishing eligibility for leave. When leave is requested, the Company will notify you of the requirement for medical certification and when it is due.

Military Caregiver Leave is a type of FMLA leave and may be taken for up to twenty-six (26) workweeks in a 12-month period. The 12-month period begins on the first day that you take Military Caregiver Leave and ends twelve (12) months after that date. Any other FMLA leave taken during the same 12-month period will be counted against your leave entitlement under this policy. All time off that qualifies as Military Caregiver Leave or Traditional FMLA leave will be counted against your statutory family and medical leave entitlements to the fullest extent permitted by law.

If spouses are both employed by the Company, the spouses are permitted to take only a combined total of twenty-six (26) weeks of Military Caregiver Leave, or any combination of such leave and Traditional FMLA leave, in a 12-month period.

Qualifying Exigency Leave

This leave is available to a family member of a military member in the National Guard, Reserves, or regular armed forces.

Employees who are eligible for Traditional Family and Medical Leave ("FMLA") may also request leave to attend to an exigency or emergency situation arising out of the fact that a spouse, son, daughter, or parent is on covered active duty (or has been notified of an impending call or order to covered active duty) in the armed forces. The term "covered active duty" means: (1) in the case of a member of the armed forces, duty during the deployment of the member with the armed forces to a foreign country; and (2) in the case of a member of the Reserves, duty during the deployment of the member with the armed forces to a foreign country under a call or order to active duty.

Qualifying exigencies include issues arising from a covered military members' short-notice deployment (i.e., deployment on seven or fewer days of notice) for a period of seven days from the date of notification; military events and related activities that are related to the covered active duty or call-to-active-duty status of a covered military member; certain childcare and related activities; making financial or legal arrangements; attending counseling; taking up to five days of leave to spend time with a covered military member who is on short-term temporary rest and recuperation leave during deployment; and attending to certain post-deployment activities.

If you are seeking a leave under this policy, you must provide the Company with a certification establishing eligibility for leave. When leave is requested, the Company will notify you of the requirements for certification and when it is due.

Qualifying Exigency Leave is a type of FMLA leave and may be taken for up to twelve (12) workweeks in the normal 12-month period established by the Company for Traditional FMLA leave. All time off that qualifies as Qualifying Exigency Leave will be counted against your state and federal family and medical leave entitlement to the fullest extent permitted by law.

Workers' Compensation Leave

A Workers' Compensation leave will be granted when the treating physician certifies that an employee is physically unable to work due to a work-related illness or injury. While on Workers' Compensation leave, an employee will receive Workers' Compensation benefits, including paid lost time from work and payment of medical expenses associated with the work-related or injury.

Employees returning from Workers' Compensation leave must provide medical certification from the treating physician.

SEVEN: Work Rules

Ethical Business Practices

As an employee, you are responsible for personally maintaining a high standard of ethical and legal conduct. Ethical business practices include any business dealing that relates to residents, visitors, vendors, co-workers, competitors or government agencies.

It is unethical to solicit, offer or accept, directly or indirectly, any gift, favor, loan, or other item of significant monetary value in order to receive any financial enrichment beyond the normal compensation provided by the Company.

You are not allowed to accept gratuities, gifts, loans or kickbacks of any kind from residents, family members or vendors. If the family or resident tries to give you something in gratitude for your care, tell them that you appreciate it; however, you are simply doing your job, and are not permitted to accept gifts.

If you are faced with other circumstances, which may appear to conflict with this policy, you are encouraged to speak to your supervisor.

If you believe you have witnessed unethical practices in the workplace, please report it immediately to the Administrator.

Conflict of Interest

In order to protect its business interests, the Company expects you to refrain from engaging in any activities or interests, economic or otherwise, that are contrary to the best interests of the Company or that adversely affect your job performance. This precludes working for yourself or another person or entity that offers goods or services that are competitive with those offered by the Company. You are further prohibited from performing work for any other entity or employer during work time or at any time while on Company premises. While you are not prohibited from engaging in any outside employment, as a preventative measure, you must notify the Administrator of your participation in any outside business or employment so that the Company may determine whether a direct conflict exists that would materially and substantially disrupt Company operations. If the Administrator determines there is such a conflict of interest, the Company will take action, as appropriate, to eliminate the conflict.

Confidentiality of Information

It is your responsibility to safeguard the privacy of resident's protected health information (PHI) from improper use and disclosure as it relates to the Company, residents, families or other employees, and in accordance with Health Insurance Portability and Accountability Act (HIPAA) requirements. Under no circumstances may any employee remove, reproduce or disclose such confidential information to any unauthorized person. Employees must obtain authorization from a supervisor before disclosing any health information relating to a resident.

Resident Rights and Privacy Expectations

Every resident and family member is entitled to courteous and outstanding service given impartially to all. You are expected to observe the highest standards of ethics and good judgment in performing your duties as a representative of the Company. You are expected to refrain from:

- Accepting gifts or tips from residents or family members;
- Accepting cash or cash equivalents for referrals;
- Accepting hospitality or entertainment that could influence your independent judgment;
- Providing gifts or gratuities to any government or public agency representative;
- Soliciting financial contributions, selling merchandise or otherwise engaging in any form of solicitations from residents or family members during your working time or in immediate resident care areas at any time;
- Distributing literature, printed material, or merchandise of any kind to residents or family members; and/or
- Entering the work areas of the Company while off duty unless for the purpose of visiting a resident or other purpose expressly permitted by law.

Additionally, certain resident rights are enforced by federal and state laws, and in accordance with HIPAA requirements. The Company and all employees have a legal responsibility to communicate and preserve these rights as outlined in the *Code of Conduct*.

All residents have a right to a dignified existence that promotes freedom of choice, self-determination, and reasonable accommodation of individual needs. The Company will not tolerate any type of discrimination, abuse or neglect, including:

- Discriminatory admissions or improper denial of access to care;
- Verbal, mental or physical abuse, corporal punishment, and/or involuntary seclusion;
- Improper use of physical or chemical restraints;
- Failure to provide appropriate access to resident records upon request, and to ensure that the privacy and confidentiality for those records are protected;
- Denial of a resident's right to participate in his or her care and treatment;
- Failure to safeguard a resident's financial affairs; and/or
- Failure to safeguard the privacy of resident's protected health information (PHI) from improper use and disclosure.

Employees and contractors are responsible for reporting any instances of observed or suspected abuses or neglect to the Administrator. Management will report credible allegations of resident harm to the appropriate authorities in accordance with federal or state laws.

You will receive a list of these rights in the *Code of Conduct* as part of your employment orientation. You will be asked to sign a document indicating that you have read and understood the resident's rights. This signed statement will be maintained in your personnel file.

False Claims Act

Pursuant to the Federal Deficit Reduction Act of 2005, the Company provides information on some of the federal and state laws that provide civil and criminal penalties for fraud, waste and abuse. Refer to the *Code of Conduct* for additional information on this topic.

An employee with questions regarding the Federal Deficit Reduction Act of 2005 should contact the Company Compliance Officer or the Compliance Hotline at (888) 777-2359.

Solicitations, Collections and Petitions

To avoid disruption of the workplace and potential embarrassment for our employees, no solicitations, collections, circulations of petitions or distributions of literature by employees are permitted during working time or in working areas. "Working time" refers to the work time of the employee soliciting, collecting, circulating or distributing as well as the employee to whom such action is directed. It does not include breaks, meal periods or other times before or after work. "Working areas" includes all offices, reception areas, hallways, conference rooms or other areas where business is conducted. It does not include break rooms or parking areas. In addition, no person from outside the Company is allowed on Company premises at any time for these or related purposes. If you observe someone who is not an employee engaging in any of these activities at any time, please notify management immediately.

Media Contact

You may be approached for interviews or comments by the news media. Only authorized contact personnel, designated by the Administrator may comment to the media on behalf of the Company on the policies or events that have an impact on the Company or property.

Drug-free and Alcohol-free Workplace

It is the Company's intent and obligation to provide and maintain a safe, efficient, drug and alcohol-free workplace. The Company maintains a strict policy against the use of alcohol and the unlawful use of drugs in the workplace. Consequently, you may not consume or possess alcohol, or use, possess, sell, purchase or transfer illegal drugs at any time while on the Company's premises or while using the Company's vehicles or equipment, or at any location during work time. Also, you may not report to work with illegal drugs (or their metabolites) or alcohol in your bodily system. "Illegal drug" means any drug that is not legally obtainable or that is legally obtainable but has not been legally obtained. It includes prescription drugs not being used for prescribed purposes or by the person to whom it is prescribed or in prescribed amounts. It also includes any substance a person holds out to another as an illegal drug.

Any violation of this policy will result in disciplinary action, up to and including immediate termination of employment.

Employees are expected to cooperate with any investigation of possible violations of this drug-free and alcohol-free workplace policy. As part of this cooperation, you must report to your supervisor, Administrator or the Human Resources Department, any known or suspected violations of this policy. Refusal to cooperate with an investigation conducted under this policy will result in disciplinary action, up to and including termination of employment.

Company reserves the right to institute drug or alcohol screening tests in the following circumstances, and as allowed by law:

- As part of pre-employment screening
- Upon reasonable suspicion of drug or alcohol use in the workplace, including reasonable suspicion that an employee is coming to work under the influence
- Post-injury testing

Workplace Searches

To protect Company property and to ensure the safety of all employees, the Company reserves the right to inspect and search any employee's office, desk, drawers, cabinets, files, locker, equipment, including computers, email and voice mail, Company vehicles, and any area on our premises. In this regard, it should be noted that all offices, desks, file drawers, cabinets, lockers, and other Company equipment and facilities are the property of the Company, and are intended for business use. You should have no expectation of privacy with respect to items brought onto Company property and/or stored in Company facilities. Inspection may be conducted at any time, without notice, at the discretion of Company.

In addition, when the Company has a reasonable suspicion that a Company policy is being violated that necessitates a search, you may be required to submit to reasonable searches of your personal vehicles, parcels, purses, handbags, backpacks, briefcases, lunch boxes or any other possessions or articles brought onto Company property.

Persons entering the premises who refuse to cooperate in an inspection conducted pursuant to this policy may not be permitted to enter the premises. All employees must cooperate in an inspection; failure to do so is insubordination and will result in disciplinary action, up to and including discharge. Employees found to be in violation of any of Company policies will be subject to disciplinary action, up to and including discharge.

Smoking/Tobacco Usage

Company locations are designated as no-smoking, tobacco-free areas. All offices are designated no-smoking, tobacco-free areas. For employees in California, California law prohibits smoking in most enclosed places of employment and within twenty (20) feet of any building entrance or exit. Employees

who wish to smoke must limit their smoking to break and meal periods, and may only smoke in designated areas. Employees who violate this policy will be subject to disciplinary action.

Professional Courtesy & Behavior

As an employee of our Company, you participate as a team in providing healthcare services to the community. Our service depends on customer satisfaction and good relationships between team members. Our employees are expected to be kind, respectful and courteous to everyone they come in contact with, and to maintain the highest professionalism and reliability. Please remember that a caring attitude, a friendly greeting, and a smiling face are some the ways you can contribute to meeting a customer's specific needs and creating a great work environment.

As an at-will employer, the Company may impose discipline whenever it determines it is necessary or appropriate. Discipline may take various forms, including verbal counseling, written warnings, suspension, demotion, transfer, reassignment or termination. The discipline imposed will depend on the circumstances of each case; therefore, discipline will not necessarily be imposed in any particular sequence. Moreover, at any time the Company determines it is appropriate, an employee may be discharged immediately.

Every organization must have certain standards of conduct to guide the behavior of employees. Although there is no possible way to identify every rule of conduct, the following is an illustrative list (not intended to be comprehensive or to limit the Company's right to impose discipline for any other conduct it deems inappropriate). Keep in mind that these standards of conduct apply to all employees whenever they are on Company property and/or conducting Company business (on or off Company property). Engaging in any conduct the Company deems inappropriate may result in disciplinary action, up to and including immediate termination of employment.

1. Violating any Company policies or procedures whether set forth in this handbook or otherwise;
2. Violate any law, statute, rule or regulation governing the Company;
3. Fighting, engaging in threats of violence or violence, use of vulgar or abusive language, horseplay, practical jokes or other disorderly conduct that may disrupt the workplace, endanger others or damage property;
4. Insubordination, failure to perform assigned duties or failure to comply with Company's health, safety or other rules;
5. Unauthorized or careless use of Company's materials, equipment or property;
6. Lack of teamwork, poor communication, unsatisfactory performance, unprofessional conduct, or conduct improper for the workplace;
7. Failing to comply with a health review in accordance with state and local policy;
8. Working at another job while on an approved leave of absence without the authorization of the Administrator and Corporate Human Resources;

9. Falsifying reasons for being absent from work;
10. Physically, verbally, emotionally, or psychologically abusing a resident, visitor, or another employee; neglecting a resident's care duties related to the safety, health, and/or physical comfort of the resident, or engaging in a serious violation of a resident's rights;
11. Failing to comply with Company infectious disease control procedures;
12. Misusing, disclosing or removing confidential or privileged information concerning the Company, or residents; or
13. Violation of location or resident care standards.

Any employee conduct that interferes with the effective operation of the Company's business is prohibited. Please refer to our *Code of Conduct* for guidance and work rules published in this *Employee Handbook*.

Suggestions

If you think of a way to improve the level of care we provide or of a more efficient way of doing business, talk with your supervisor or submit your recommendation in writing to the Administrator. All ideas are welcome.

Bulletin Board

Company bulletin boards are maintained by the Company solely for the purpose of providing employees with Company-related information such as personnel announcements, holiday information, benefit announcements, club offers, and legally required postings. Please stop and read the bulletin boards for information regarding Company policies and announcements.

You may not post any materials, of any kind, on Company bulletin boards. You may not remove or alter any Company document posted on the Company bulletin boards.

Loitering

Your Company is more than a place to work; it is the home of our residents. Therefore, persons who have no business to conduct with the Company or those who are not visiting residents, will be requested to leave any work areas. As an employee, you are also expected to leave the work areas of the Company after your shift is completed. In keeping with this expectation, you may not have unauthorized visitors while on work time. Off-duty employees who return to the Company to visit residents must follow the same guidelines as other visitors.

Children of employees may not be brought to work during the employee's scheduled work hours.

Travel Expenses

Authorized pre-approved business or travel expenses associated with the performance of your job duties will be reimbursed. Employees are responsible for preparing detailed expense reports with attached receipts for approval by management. Please speak to your supervisor for further details.

Appearance and Dress

We require all employees to report to work appropriately dressed and well groomed. Employees will wear clean, neat, well-fitted clothing or uniforms, as applicable for your particular position.

Excessive jewelry is not permitted at work, including dangling earrings, nose-rings, and any other jewelry that may interfere with performance of work duties or safety. Buttons or pins are not permitted, except as protected by law. Engagement and wedding rings, watches and service award pins are permitted. Tattoos that are offensive may have to be covered.

If issued, name badges must be worn at all times while on duty.

Personal body and dental hygiene are important, and cosmetics and perfumes should be used in moderation.

Employees who provide direct resident care or work in the Dietary department must keep their fingernails clean and trimmed. Fingernails should not extend beyond the end of each finger.

Hairstyles are to be professional, appropriate to the business environment, and consistent with any infection control or sanitary regulations. Closed toe shoes, non-slip soles, and back support belts may be required for safety reasons.

Safety in the Workplace

We care about your safety, as well as the safety of our residents and family members. In order to help protect you, we will provide relevant training and personal protective equipment. For your own safety, as well as that of your co-workers, the residents and their family members, it is extremely important for you to be familiar with our safety rules and follow them at all times. Failure to comply with safety provisions may result in disciplinary action, up to and including termination.

Safety Rules

- All occupational illnesses, injuries and accidents, no matter how minor, must be reported to a supervisor immediately. The supervisor is required to make a complete investigation of all reported accidents.
- The employee who sees the hazard first must clean up all spillage immediately or that employee must ensure that it is cleaned and not left unattended until it is cleaned.

- Push, do not pull, all rolling items. Avoid having your hands where they can strike a doorframe or other objects.
- No employee is to stand on any object other than a step stool, ladder or other equipment designed for that purpose.
- Guards on all power equipment must be kept in place.
- Cabinet drawers and doors, etc., must be kept in a position where they do not create a hazard.
- Electrical cords must not be left across hallways, stairs, open doorways, etc.
- All electrical cords must be maintained in good working condition. If the cord is frayed, a plug is loose or the ground pin on the plug is broken, the cord must not be used. The use of extension cords should not be permitted in resident's rooms.
- All needles are to be disposed of in an appropriate manner.
- Report any unsafe conditions or practice immediately to your supervisor.
- Unsafe conduct or acts are prohibited at all times.
- Other unsafe acts or creations of unsafe conditions may be considered safety infractions.

Security in the Workplace

The following considerations are offered to help maintain a secure work place:

- Beware of persons loitering for no apparent reason.
- Be aware that violence may come from many sources – residents, residents' families, co-workers, former employees, employees' families, or third parties such as robbers, rapists or muggers.
- Report any suspicious persons or activities to a supervisor or to the Administrator.
- Report all threats, or potential threats, of violence to a supervisor or to the Administrator.
- Secure your workspace at the end of the day, or when called away from your work area for any extended length of time.
- Do not leave valuable personal articles in or around your workstation that may be accessible.
- Keep all work areas, break rooms, and restrooms clean and organized.
- You may park on Company premises as space permits. If space is unavailable, you must park off Company premises. You may not use parking spaces designated for visitors or doctors. The Company is not responsible for loss or damage to your vehicle or its contents while parked on Company property.

Company Property

Company property is intended for business use only and should not be used for personal purposes without prior authorization from your supervisor. Company property includes, but is not limited to, any office supplies, tools, equipment, computers, pagers, documents, and files. All employees who are issued Company property may be required to sign a Property Return Agreement.

You are expected to take an active interest in preserving and protecting Company property physical facilities. Equipment and supplies are essential for resident care and are costly to replace or repair. You should report any damaged or missing equipment to your supervisor.

The Company reserves the right to inspect all Company property to ensure compliance with applicable rules and regulations, without notice to the employee and at any time, not necessarily in the employee's presence.

You may not remove or hold in your personal possession any Company property without proper authorization. Violation of this policy may result in disciplinary action up to and including termination. We reserve the right to notify the appropriate authorities in the event of any illegal activities.

Personal Property

You are responsible for safeguarding your personal possessions. The Company is not responsible for any personal property that you bring to the workplace that is lost or stolen. Depending on the department in which you work and space available in the Company, there may be lockers for you to store your personal belongings. If lockers are available, you are encouraged to use them. The Company retains the right to conduct periodic inspections for safety and security reasons.

In order to assist the Company in safeguarding your personal property, the property of residents and visitors, as well as that of the Company, you are asked not to bring packages of any kind into the workplace. Packages taken from the workplace, including handbags and backpacks, are subject to inspection when there is reason to suspect a violation of Company policy.

Personal cell phones may not be used in resident care areas or in resident rooms.

Electronic Communications System

At the Company, we use electronic forms of communication and information exchange. Employees generally have access to one or more of the following: computers, e-mail, instant messages, telephones, cellular phones, voicemail, fax machines, external electronic bulletin boards, wire services, on-line services, the Internet and the World Wide Web (hereafter collectively referred to as "electronic communications system"). The electronic communications system provided or paid for by the Company and any information stored on it is Company property and will be treated as such. The electronic communications system is provided for the purpose of facilitating our business.

The following rules apply to all electronic communications that are: (1) accessed on or from Company premises; (2) accessed using Company computer or telecommunications equipment, or via Company-paid access methods; and/or (3) used in a manner which identifies the individual with the Company. The following list is not exhaustive and the Company may implement additional rules from time to time.

- Company's electronic communications system may not be used for transmitting, retrieving, viewing, printing or storing any communications of a discriminatory or harassing nature, or which are derogatory to any individual or group, or which are obscene or X-rated communications, or are of a defamatory or threatening nature, or for "chain letters," or for any other purpose that is illegal or against Company policy or contrary to the Company's interests.
- The electronic communications system is for Company's business use only. Use of the electronic communications system (e.g., sending or receiving e-mail) for personal, non-business purposes is not permitted. This includes telephone calls. Personal calls are not permitted on work-time, except in an emergency. Personal calls may be made during non-work hours (such as rest and meal periods) using a pay phone or personal cellular phone.
- **You should not assume any electronic communications are private or confidential and should transmit sensitive information in other ways.** The Company may need to monitor, access or review electronic communications for a number of business reasons and it reserves the right to do so. All such information may be used and disclosed to others, in accordance with business needs, at the Company's discretion.
- If you use any security measure on a Company-supplied computer, you must provide the Administrator with a hard copy record (to be maintained in a secure location) of all your passwords for Company use if required.
- Any employee who abuses the privilege of Company-facilitated access to electronic media and services will be subject to corrective action, which may include termination of employment if, in Company's discretion, the situation warrants it. The employee may also risk losing the privilege removed for him/herself and possibly others. If you have any questions regarding the proper use of the electronic communications system, please contact your Administrator or Human Resources.
- You must respect the confidentiality of other people's electronic communications and may not attempt to breach computer or network security measures, except by explicit direction of Company management.
- Anyone obtaining electronic access to other companies' or individuals' materials must respect all copyrights. To avoid viruses and potential copyright violations, no one may download any new software without the prior authorization of the Administrator.
- All communications sent by you via the electronic communications system must comply with this and other Company policies, including the *Anti-Harassment/Discrimination, Solicitations, Collections, Petitions and Confidentiality of Information* policies.

This policy cannot be modified except by written communication by the President.

607

Use of Mobile Phones or Text Messaging While Driving

Employees should be aware that state and local law may restrict cell phone or pda usage while driving. The Company requires employees to use a hands-free device when using a cell phone while driving on Company business. Additionally, the Company prohibits employees from text messaging, e-mailing, instant messaging, or otherwise accessing a cell phone or pda for purposes other than making a hands-free phone call, while driving on Company business.

Company In-Service/Staff Meetings

Staff meetings are a means of sharing ideas, concerns, general announcements, and suggestions. Employees are expected to attend these meetings. Those employees who are not scheduled to work, but are required to attend, will be paid for meeting and training sessions.

Company Employee Handbook

Acknowledgement and At-Will Agreement

I, _____, hereby acknowledge that I have received a copy of the Company *Employee Handbook*. I understand that it is my responsibility to read the handbook and to comply with the policies, practices and rules of employment as stated in this handbook. I understand that other rules may apply that is not included in this handbook. I agree to keep a copy of this handbook readily available and to use it as a reference guide.

I understand and agree that the policies described in the handbook are intended as a guide only and do not constitute a contract of employment. I specifically understand and agree that the employment relationship between the Company and me is at-will and can be terminated by the Company or me at any time, with or without cause or notice. Furthermore, the Company has the right to modify or alter my position, or impose any form of discipline it deems appropriate at any time. Nothing in this handbook is intended to modify the Company's policy of at-will employment. The at-will employment relationship may not be modified except by a specific written agreement signed by me and the President or an owner of the Company. This is the entire agreement between the Company and me regarding this subject. All prior or contemporaneous inconsistent agreements are superseded.

I have received *Employee Handbook* issued April 2014. I have read (or will read) and agree to abide by the policies and procedures contained in the handbook.

Printed Name: _____

Signature: _____

Date: _____

ORIGINAL SIGNED COPY TO BE PLACED IN EMPLOYEE FILE

Employee Handbook
Revised April 2014

CORRECTIVE/DISCIPLINARY ACTION FORMName Cynthia Montejano Date 7/18/16Job Title C.N.A. Supervisor Nancy Guinn**Level of Corrective Action:**☐ Oral Counseling (no employee signature needed) ☒ Written Warning ☐ Suspension ☐ Termination**Problem:** (violation of rules, standards, practices or unsatisfactory job performance)☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☒ Poor Customer Service ☐ Other: _____**Detail:** (what, where, when, how)7/18/16 - station 3 back. Resident had scheduled shower for p.m. R heard stating he wanted a shower no shower given. Charge nurse not notified if R refused.**Prior Discussion and/or Warnings:**☐ No ☒ Yes If yes, dates: Inservices**Summary of Corrective Action:**write up inform nurse of refusal at time of occurrence.**Consequences of Failure to Improve:**Further disciplinary action up to 3 including termination?**Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: Cynthia Montejano Date: 7/22/16☐ If employee refuses to sign, check box and sign as witnessSupervisor signature: Nancy Guinn Date: 7/18/16Administrator signature: [Signature] Date: _____
(required) (required)File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

611

EX 6 a

CORRECTIVE/DISCIPLINARY ACTION FORMName Alma Torres Date 6/22/15Job Title CNA Supervisor Lily Williams**Level of Corrective Action:**☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination**Problem:** (violation of rules, standards, practices or unsatisfactory job performance)☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☒ Other: Edvacted**Detail:** (what, where, when, how)Fall prevention

Prior Discussion and/or Warnings:☒ No ☐ Yes. If yes, dates: _____**Summary of Corrective Action:**oral counseling

Consequences of Failure to Improve:Written warning**Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: [Signature] Date: 6/22/15☐ If employee refuses to sign, check box and sign as witness _____Supervisor signature: [Signature] Date: 6/22/15Administrator signature: [Signature] Date: _____
(required) (required)File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

612

65

CORRECTIVE/DISCIPLINARY ACTION FORMName Miska PhilDate 8/23/15Job Title CNASupervisor Fesm Seedhan**Level of Corrective Action:**☐ Oral Counseling

(no employee signature needed)

☒ Written Warning☐ Suspension☐ Termination**Problem:** (violation of rules, standards, practices or unsatisfactory job performance)☐ Absenteeism☐ Dress Code☐ Attitude☐ Policy Violation☐ Tardiness☐ Poor Customer Service☐ Other: _____**Detail:** (what, where, when, how)

on 8/23/15 around 1300 HR.
CNA assist resident to restroom and left resident unattended. Resident
is fall, has high risk for fall. Resident had unwitnessed fall.

Prior Discussion and/or Warnings:☐ No☐ Yes

If yes, dates: _____

Summary of Corrective Action:**Consequences of Failure to Improve:****Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: _____

Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: _____

Date: _____

Administrator signature: _____
(required)

Date: _____

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

613

66

CORRECTIVE/DISCIPLINARY ACTION FORM

Name

Jackie Rial

Date

4/2/14

Job Title

CNA

Supervisor

[Signature]

Level of Corrective Action:☒ Oral Counseling☐ Written Warning☐ Suspension☐ Termination

(no employee signature needed)

Problem: (violation of rules, standards, practices or unsatisfactory job performance)☐ Absenteeism☐ Dress Code☐ Attitude☐ Policy Violation☐ Tardiness☐ Poor Customer Service☒ Other:

failure to complete daily charting

Detail: (what, where, when, how)

On March 28th # 29 Employee failed to complete daily charting.

Prior Discussion and/or Warnings:☒ No☐ Yes

If yes, dates:

Summary of Corrective Action:

oral counseling & review P&P of Documentation

Consequences of Failure to Improve:

Up to termination

Employee Comments:

Re-evaluation meeting scheduled for:

Employee signature:

Jackie Rial

Date:

4-2-14

☐ If employee refuses to sign, check box and sign as witness

Supervisor signature:

[Signature]

Date:

4/2/14

Administrator signature:

(required)

[Signature]

Date:

4-2-14

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

614

G d

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Rachel Osagwa Date 2/2/15

Job Title CNA Supervisor Priscilla Melina

Level of Corrective Action:

☐ Oral Counseling ☐ Written Warning ☒ Suspension ☐ Termination
(no employee signature needed)

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☒ Other: Insubordination

Detail: (what, where, when, how)

Refused to follow instruction when asked to chart down the hallway, multiple times. Rachel Refused, stated "I can see the whole hallway from here". I then explained importance of all CNA's charting down the hall. Rachel got visibly and verbally upset. I then told her if she didn't want to follow with assigned task, she could go home.

Prior Discussion and/or Warnings:

☐ No ☒ Yes If yes, dates: Multiple times previous months

Summary of Corrective Action:

Sent home on suspension until further notice

Consequences of Failure to Improve:

suspension, writeup and or termination

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☒ If employee refuses to sign, check box and sign as witness Priscilla Melina

Supervisor signature: Priscilla Melina Date: 2/2/15

Administrator signature: [Signature] Date: _____
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

615

615

CORRECTIVE/DISCIPLINARY ACTION FORM

Name

Kecelay Alcantar

Date

3/21/15

Job Title

CNA

Supervisor

Denise Keeney

Level of Corrective Action:☐ Oral Counseling

(no employee signature needed)

☒ Written Warning☐ Suspension☐ Termination**Problem:** (violation of rules, standards, practices or unsatisfactory job performance)☐ Absenteeism☐ Dress Code☐ Attitude☐ Policy Violation☐ Tardiness☐ Poor Customer Service☒ Other:**Detail:** (what, where, when, how)

At 2440 488 came back from ER in AM At 0700 AM CNA's reported ves. & BM + urine + sheets from room ER still on bed CNA admitted she thinks that she forgot about doing 488 all night.

Prior Discussion and/or Warnings:☒ No☐ Yes

If yes, dates:

Summary of Corrective Action:

to check & change all residents in section.

Consequences of Failure to Improve:**Employee Comments:**

Re-evaluation meeting scheduled for:

Employee signature:

Kecelay Alcantar

Date:

3/22/15

☐ If employee refuses to sign, check box and sign as witness

Supervisor signature:

Denise Keeney

Date:

3/22/15

Administrator signature:
(required)

Sally M. M. / M. / M.

Date:

3.23.15

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

616

CF

CORRECTIVE/DISCIPLINARY ACTION FORMName Alyssa Soleno Date 2/2/15Job Title CNA Supervisor [Signature]**Level of Corrective Action:**☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination**Problem:** (violation of rules, standards, practices or unsatisfactory job performance)☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☒ Other: Not following assignment**Detail:** (what, where, when, how)Failed to follow through with assigned shower.
Sharon notified Alyssa of shower accidentally during her shower @ 9:30pm
Alyssa hadn't attempted her shower @ 9:30pm**Prior Discussion and/or Warnings:**☒ No ☐ Yes If yes, dates: _____**Summary of Corrective Action:**gave verbal warning**Consequences of Failure to Improve:**write up and or termination**Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☒ If employee refuses to sign, check box and sign as witnessSupervisor signature: [Signature] Date: 2/2/15Administrator signature: [Signature] Date: _____
(required) (required)File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Destiny Date 2/16/16
Job Title CNA Supervisor Amanda Hanson

Level of Corrective Action:

☐ Oral Counseling (no employee signature needed) ☒ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☒ Other: sleeping on the clock

Detail: (what, where, when, how)

at 2:00am 2/16/16 CNA was sleeping
in res. room.

Prior Discussion and/or Warnings:

☒ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

sleep during work hours

Consequences of Failure to Improve:

Suspension

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: Destiny Haynes Date: 02-16-2016

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: Amanda Hanson Date: 2/16/16

Administrator signature: [Signature] Date: _____
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

6 h

618

CORRECTIVE/DISCIPLINARY ACTION FORMName Alyssa SolenoDate 10/2/15Job Title CNASupervisor Shaheen Mcmillan, RN**Level of Corrective Action:**☒ Oral Counseling

(no employee signature needed)

☐ Written Warning☐ Suspension☐ Termination**Problem:** (violation of rules, standards, practices or unsatisfactory job performance)☐ Absenteeism☐ Dress Code☒ Attitude☒ Policy Violation☐ Tardiness☐ Poor Customer Service☐ Other: _____**Detail:** (what, where, when, how)

On 10/1/15 when asked to assist resident to room to change CNA was rude & demonstrated insubordination coming to nurses station shouting @ the Charge Nurses @ the desk.

Prior Discussion and/or Warnings:☐ No ☐ Yes

If yes, dates: _____

Summary of Corrective Action:

CNA encouraged to communicate in a more professional & positive manner to staff.

Consequences of Failure to Improve:

Written Warning/Suspension & up to termination

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____

Date: _____

☐ If employee refuses to sign, check box and sign as witnessSupervisor signature: Shaheen Mcmillan, RNDate: 10-2-15Administrator signature: _____
(required)Administrator signature: _____
(required)

Date: _____

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

619

61

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Lucy Mendoza Date 10/2/15
Job Title CNA Supervisor Shahes McMillan, RN

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☒ Attitude ☒ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

On 10/1/15 CNA was rude & demonstrated insubordination when asked to take resident to the room to change his shirt, she stated, "I'm busy, if its that important do it yourself."

Prior Discussion and/or Warnings:

☐ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

CNA encouraged to communicate in a more professional & positive manner to staff.

Consequences of Failure to Improve:

Written Warning/Suspension & up to termination

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: Shahes McMillan Date: 10-2-15

Administrator signature: _____ Date: _____
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

620

61

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Stephanie Bustamante Date 8/13/15
Job Title CNA Supervisor K Schuster

Level of Corrective Action:

☒ Oral Counseling ☐ Written Warning ☐ Suspension ☐ Termination
(no employee signature needed)

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☒ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

Resident was not changed from day
clothes/brief was not changed before
end of shift

Prior Discussion and/or Warnings:

☐ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

Verbal counseling

Consequences of Failure to Improve:

Subsequent discipline up to including termination

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: K Schuster Date: 8/13/15

Administrator signature: Stephanie Bustamante Date: _____
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

621
6k

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Teresa Perkins Date 7/7/15
Job Title CNA Supervisor Rosa RW

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☒ Other: Neglect care given to resident

Detail: (what, where, when, how)

14642A bed linens soiled wet on 7/2/15.

Prior Discussion and/or Warnings:

☒ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:**Consequences of Failure to Improve:**

Termination

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: Rosa Date: 7/7/15

Administrator signature: [Signature] Date: _____
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

622

6L

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Lanora Enas Date 10/5/15
Job Title CNA Supervisor Ricardo Correa

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☒ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☒ Other: Non Skid Socks on Resident

Detail: (what, where, when, how)

CNA failed to put on Non-Skid socks on Resident who is a known Fall Risk. Resident attempted to toilet herself and had a fall in her room. (Resident was in a sitting position) by bed

Prior Discussion and/or Warnings:

☐ No ☒ Yes If yes, dates: In Service

Summary of Corrective Action:**Consequences of Failure to Improve:****Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: [Signature] Date: _____

Administrator signature: [Signature] Date: _____
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

623

GM

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Monica Romero Date 8-11-16
Job Title CNA Supervisor Maria E. Scitilian

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

Was caught on camera & another CNA in the
TA Dining on cell phone during work hours.
Looking at it together.

Prior Discussion and/or Warnings:

☒ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

Educated on policy

Consequences of Failure to Improve:

Further disciplinary action up to & including termination.

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: _____ Date: 8-11-16

Administrator signature: _____ Date: _____
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Jalima Alvarado Date 8-11-16
Job Title CNA Supervisor Christa Shyann LVA

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

on cell phone for extended time while
on the clock during meal time in
TP.

Prior Discussion and/or Warnings:

☒ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

employee informed of policy and
told not to repeat the action

Consequences of Failure to Improve:

possible suspension up to termination

Employee Comments:

employee agreed to not use phone
while working

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: [Signature] Date: 8/11/16

Administrator signature: [Signature] Date: _____
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

625 60

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Alyssa Soleno Date 1/7/15
Job Title CNA Supervisor M. Tello, LVN

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☒ Other: taking break prior to end of shift. Breaks only 10min

Detail: (what, where, when, how)

CNA noted in lobby @ 1935 taking break w other CNA's. Work time is between 4-8. took 15min break.

(Confirmed to S. Gonzales, DSD)

Prior Discussion and/or Warnings:

☒ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

verbal write up

Consequences of Failure to Improve:

2nd write up &/or termination

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness

Supervisor signature: M. Tello, LVN Date: 1/7/15

Administrator signature: Alyssa Soleno Date: 1/7/15
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

626 GP

CORRECTIVE/DISCIPLINARY ACTION FORMName Bernice OrtizDate 9/18/15Job Title CNASupervisor Amanda Hanson**Level of Corrective Action:**☐ Oral Counseling
(no employee signature needed)☒ Written Warning☐ Suspension☐ Termination**Problem:** (violation of rules, standards, practices or unsatisfactory job performance)☐ Absenteeism☐ Dress Code☒ Attitude☐ Policy Violation☐ Tardiness☐ Poor Customer Service☒ Other: unapproved lunch**Detail:** (what, where, when, how)Took lunch before 2 other scheduled
aids lunches.**Prior Discussion and/or Warnings:**☐ No ☐ Yes

If yes, dates: _____

Summary of Corrective Action:**Consequences of Failure to Improve:****Employee Comments:**Refusing to sign write-up

Re-evaluation meeting scheduled for: _____

Employee signature: _____

Date: _____

☒ If employee refuses to sign, check box and sign as witnessSupervisor signature: Amanda HansonDate: 9-18-15Administrator signature: _____
(required)

Date: _____

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

627

69

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Maria Dominguez Date 8-23-16
Job Title CNA Supervisor Maria Santillon Lora

Level of Corrective Action:

☒ Oral Counseling ☐ Written Warning ☐ Suspension ☐ Termination
(no employee signature needed)

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

Prior Discussion and/or Warnings:

☐ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

Need to have it on @ all times
explained

Consequences of Failure to Improve:**Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: 8-23-16

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: _____ Date: _____

Administrator signature: [Signature] Date: _____
(required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

CR

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Marta Ortega Date 8-23-16
Job Title MATE CNA Supervisor MARIA Santillan CNA

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

Prior Discussion and/or Warnings:

☐ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

Need to have it on @ call times / explained

Consequences of Failure to Improve:**Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: _____

Date: 8-23-16

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: _____

Date: _____

Administrator signature: _____
(required)

Date: _____

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

629

65

CORRECTIVE/DISCIPLINARY ACTION FORM

Name La Nora ENAS Date 8-23-16
Job Title LUN Supervisor Maria E. Santillan

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

8/16 to 8/18 Coming in Late Not here for Rounds

Prior Discussion and/or Warnings:

☐ No ☒ Yes If yes, dates: _____

Summary of Corrective Action:

Arrive on time.

Consequences of Failure to Improve:**Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness

Supervisor signature: _____ Date: 8-23-16

Administrator signature: _____ Date: _____
(required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

630

67

CORRECTIVE/DISCIPLINARY ACTION FORMName Jeremy Tomplin S Date 8/23/14Job Title CNA Supervisor Venue Vannoy LVN**Level of Corrective Action:**☐ Oral Counseling (no employee signature needed) ☒ Written Warning ☐ Suspension ☐ Termination**Problem:** (violation of rules, standards, practices or unsatisfactory job performance)☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☒ Tardiness ☐ Poor Customer Service ☐ Other: _____**Detail:** (what, where, when, how)Tardy on 8/15, 8/18, 8/19, 8/20**Prior Discussion and/or Warnings:**☐ No ☐ Yes If yes, dates: _____**Summary of Corrective Action:**To be on time.**Consequences of Failure to Improve:****Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____Supervisor signature: Venue Vannoy Date: 8/23/14Administrator signature: [Signature] Date: _____
(required)File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

631

6 u

CORRECTIVE/DISCIPLINARY ACTION FORM

Name MANUEL fernandez Date _____
Job Title CNA Supervisor JUDY RUPO

Level of Corrective Action:

☒ Oral Counseling ☐ Written Warning ☐ Suspension ☐ Termination
(no employee signature needed)

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☒ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

CNA was tardy on 8/21/16.

Prior Discussion and/or Warnings:

☐ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

Consequences of Failure to Improve:

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: [Signature] Date: 8/26/16

Administrator signature: [Signature] Date: _____
(required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

632

[Handwritten initials]

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Lina Hernandez Date 8/23/16
Job Title CNA Supervisor [Signature]

Level of Corrective Action:

☒ Oral Counseling ☐ Written Warning ☐ Suspension ☐ Termination
(no employee signature needed)

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☒ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

Employee was tardy on 8/15, 16 and 22.

Prior Discussion and/or Warnings:

☒ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

Consequences of Failure to Improve:

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: [Signature] Date: _____

Administrator signature: [Signature] Date: _____
(required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

633

6w

h

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Ana Pena Date 8/23/16
Job Title CNA Supervisor Lindsay Weadde LYN

Level of Corrective Action:

☒ Oral Counseling ☐ Written Warning ☐ Suspension ☐ Termination
(no employee signature needed)

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☒ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

8/16, 8/18, 8/19, 8/20, 8/22

Prior Discussion and/or Warnings:

☒ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

Be to work on time

Consequences of Failure to Improve:**Employee Comments:**

I take my man to work. She has no D.L.

Re-evaluation meeting scheduled for: _____

Employee signature: Ana Pena

Date: 8/23/16

☐ If employee refuses to sign, check box and sign as witness

Supervisor signature: Lindsay Weadde LYN

Date: 8/23/16

Administrator signature: [Signature]
(required)

Date: _____

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Yadira Hernandez Date 8-23-16
Job Title LVN Supervisor Maria E. Santillan

Level of Corrective Action:

☒ Oral Counseling ☐ Written Warning ☐ Suspension ☐ Termination
(no employee signature needed)

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

8/21/16 8/16/16 \$ 8/19/16 Being Late

Prior Discussion and/or Warnings:

☐ No ☒ Yes If yes, dates: _____

Summary of Corrective Action:

Need to arrive on time

Consequences of Failure to Improve:**Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: [Signature] Date: 8-23-16

Administrator signature: [Signature] Date: _____
(required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

635

6 Y

CORRECTIVE/DISCIPLINARY ACTION FORMName Isabelle VasquezDate 12/15/15Job Title CNASupervisor Amanda Hanson - CN
Samantha Gonzalez**Level of Corrective Action:**☐ Oral Counseling
(no employee signature needed)☒ Written Warning☐ Suspension☐ Termination**Problem:** (violation of rules, standards, practices or unsatisfactory job performance)☐ Absenteeism☐ Dress Code☒ Attitude☐ Policy Violation☐ Tardiness☐ Poor Customer Service☐ Other: _____**Detail:** (what, where, when, how)

CNA notified CN res wasn't feeling well
& wanted sugar checked, CN responded that his
sugar was checked 1 hr ago & aid yelled at
CN. when confronted about attitude aid responded

Prior Discussion and/or Warnings:☐ No ☐ Yes

If yes, dates: _____

"What's your problem, your jumping
down my throat."

Summary of Corrective Action:

verbally counselled on appropriate way of
communication with other staff, and charge
nurse.

Consequences of Failure to Improve:**Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: _____

Date: _____

☐ If employee refuses to sign, check box and sign as witness

Supervisor signature: _____

Date: 12/15/15Administrator signature:
(required)

Date: _____

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

636

62

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Jennifer Dever Date 5/23/16
Job Title CNA Supervisor Rosa Lewis RN

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☒ Poor Customer Service ☒ Other: safety of resident

Detail: (what, where, when, how)

14C was left on toilet by herself, walked to 14A's bed and sat on Bed. CNA had poor communication with other CNA and resident was left alone in restroom and no one checked on resident.

Prior Discussion and/or Warnings:

☒ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

Never leave resident in bathroom by themselves, wait for someone to take over if you need to leave. Clear communication between CNAs.

Consequences of Failure to Improve:

written warning to follow

Employee Comments:

Re-evaluation meeting scheduled for: None needed

Employee signature: Jennifer Dever Date: 5/23/16

☐ If employee refuses to sign, check box and sign as witness

Supervisor signature: Rosa Lewis RN Date: 5/23/16

Administrator signature: [Signature] Date: _____
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

637

6 A A

1/25/15

This CNA Gina has been verbally warned that at 0615 a resident (38A) was found by day CNA to be left with BM on herself, sheets, floor. Gina has been educated on proper ADL care. plan of correction will be to double check in AM before leaving her shift.

Denise Klenz

X Gina Aguirre

CGB

1/25/15

Jackie CNA has been verbally warned that she failed to check & clean a resident (413) 1/25/15 noc shift - during interview she stated that this resident refuses to let her change him at times she has been educated in future to chart and notify charge nurse of any resident's refusal of care. DSD & Admin aware of incident.

Denise KeenDuth

X Jackie [Signature] 1-26-15

[Signature]

CORRECTIVE/DISCIPLINARY ACTION FORMName Irene Ontiveroz Date 5/23/16Job Title CNA Supervisor Rosa Lewis, RN**Level of Corrective Action:**☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination**Problem:** (violation of rules, standards, practices or unsatisfactory job performance)☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☒ Poor Customer Service ☒ Other: safety of resident**Detail:** (what, where, when, how)

14C was left on toilet by herself, walked to 14A's bed and sat on bed. CNA had poor communication & other CNA and resident was left alone in restroom and no one checked on resident.

Prior Discussion and/or Warnings:☒ No ☐ Yes If yes, dates: _____**Summary of Corrective Action:**

Never leave resident in bathroom by themselves, wait for someone to take over if you leave. ^{clear} communication between CNAs.

Consequences of Failure to Improve:

Written warning to follow.

Employee Comments:Re-evaluation meeting scheduled for: None needed.Employee signature: Irene Ontiveroz Date: 5/23/16☐ If employee refuses to sign, check box and sign as witnessSupervisor signature: Rosa Lewis RN Date: 5/23/16Administrator signature: [Signature] Date: _____
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

640 600

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Rachel Oseguera Date 7/9/15
 Job Title CNA Supervisor M. Tello, LUN

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☒ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☒ Other: leaving station 3 notifying nurse
R left & in wlc & soiled clothing & brief

Detail: (what, where, when, how)

① CNA charting in DR when computers in hall unoccupied (stating poc near 31 had glitches.) Working fine. Also was unable to hear that 31A bed alarm was sounding. Came after nurse + other CNA doing care came to room. When asked for location took multiple times before she responded. When she did she was on station 3 + states she was helping 2 lights in her section were on. Reminded her to tell nurse when she goes to another station. ③ R is room 27A was left soiled. Brief was soiled from front to back. R clothes were wet & R was still in wlc @ 10PM.

Prior Discussion and/or Warnings:

☒ No ☐ Yes If yes, dates:

Summary of Corrective Action:

27B was still in clothes in bed & floor mats were leaning against wall

Write up

Consequences of Failure to Improve:

Employee Comments:

Re-evaluation meeting scheduled for:

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness

Supervisor signature: M. Tello Date: 7/9/15

Administrator signature: [Signature] Date: 7/9/15
 (required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
 Corrective/Disciplinary Action forms may affect performance evaluations.

641 6 EE

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Vasquez Isabella Date 7-25-14
Job Title CNA Supervisor Abel Gonzalez

Level of Corrective Action:

☒ Oral Counseling ☐ Written Warning ☐ Suspension ☐ Termination
(no employee signature needed)

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☒ Attitude ☐ Policy Violation
☐ Tardiness ☒ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

At 1145 CNA was noted casually walking out of room 35 with tab alarm going off, resident states she was doing patient care with second CNA in room to help. Resident educated on need of urgency with alarms CNA refused to say she understands & continues talking back.
Prior Discussion and/or Warnings: with negative attitude

☐ No ☒ Yes If yes, dates: 7-24-14 Administrator educated all station #2 including this CNA of safety alarm urgency

Consequences of Failure to Improve:

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: _____ Date: 7-25-14

Administrator signature: _____ Date: _____
(required) (required)

File the Corrective/Disciplinary Action form in the employee's personnel file. 642
Corrective/Disciplinary Action forms may affect performance evaluations.

6FR

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Stephanie Bustamante Date 11/25/15
Job Title CNA Supervisor M. Tello, LVN

Level of Corrective Action:

- ☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

- ☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☒ Other: job performance

Detail: (what, where, when, how)

Resident found to be in brief overly soiled. Per our conversation, resident's last brief change had been 3 hrs. as a result could have led to resident falling (possible)

Prior Discussion and Warnings:

- ☒ No ☐ Yes Dates, dates:

Summary of Corrective Action:

Counseling on timely care of resident(s) + importance of care

Consequences of Failure to Improve:

Written Warning

Employee Comments:

Changed @ 4:30 got other Res up for dinner went to TA lunch @ 5:45 on 10:30 came from lunch Hazel was on floor.

Re-evaluation meeting scheduled for:

Employee signature:

Date:

☐ If employee refuses to sign, check box and sign as witness

Supervisor signature: M. Tello, LVN

Date:

Administrator signature: [Signature]
(required)

Date: 11/25/15

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluation.

643 666

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Adrianna Brown Date 8/26 8/31/16
Job Title _____ Supervisor HILDA RUILO

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

Lardy on 8/26 and 8/29

Prior Discussion and/or Warnings:

☐ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

Consequences of Failure to Improve:

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: [Signature] Date: 8/31/16

Administrator signature: [Signature] Date: _____
(required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

644

644

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Lina Hernandez Date 8/31/16
Job Title _____ Supervisor LUWA PULIDO

Level of Corrective Action:

☐ Oral Counseling (no employee signature needed) ☒ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

Lardy on 8/28/16

Prior Discussion and/or Warnings:

☐ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

Consequences of Failure to Improve:

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness

Supervisor signature: [Signature] Date: 8/31/16

Administrator signature: [Signature] Date: _____
(required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

645

6 ii

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Adrianna Brown Date 8/26 8/31/16
Job Title _____ Supervisor HILDA RUCIDO

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

Lardy on 8/26 and 8/29

Prior Discussion and/or Warnings:

☐ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:

Consequences of Failure to Improve:

Employee Comments:

Re-evaluation meeting scheduled for: _____

Employee signature: _____ Date: _____

☐ If employee refuses to sign, check box and sign as witness _____

Supervisor signature: [Signature] Date: 8/31/16

Administrator signature: [Signature] Date: _____
(required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

646

6/28/16
JJ

CORRECTIVE/DISCIPLINARY ACTION FORM

Name Josh Bobadilla Date 8/31/16
Job Title _____ Supervisor Hilda Pardo

Level of Corrective Action:

☒ Oral Counseling (no employee signature needed) ☐ Written Warning ☐ Suspension ☐ Termination

Problem: (violation of rules, standards, practices or unsatisfactory job performance)

☐ Absenteeism ☐ Dress Code ☐ Attitude ☐ Policy Violation
☐ Tardiness ☐ Poor Customer Service ☐ Other: _____

Detail: (what, where, when, how)

Lately on 8/26 and 8/27

Prior Discussion and/or Warnings:

☐ No ☐ Yes If yes, dates: _____

Summary of Corrective Action:**Consequences of Failure to Improve:****Employee Comments:**

Re-evaluation meeting scheduled for: _____

Employee signature: Josh Bobadilla Date: _____

☐ If employee refuses to sign, check box and sign as witness

Supervisor signature: Hilda Pardo Date: 8/31/16

Administrator signature: [Signature] Date: _____
(required)

File the Corrective/Disciplinary Action form in the employee's personnel file.
Corrective/Disciplinary Action forms may affect performance evaluations.

647

6 KK

Vernica ✓

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8/10/16

EMPLOYEE INFORMATION	
NAME: Manuel Fernandez	DATE OF HIRE:
JOB TITLE:	
DEPARTMENT:	

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	✓				
WORK QUALITY		✓			
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY		✓			
OVERALL RATING					

EMPLOYEE COMMENTS
EMPLOYEE SIGNATURE
Manuel Fernandez

SUPERVISOR COMMENTS
SUPERVISOR SIGNATURE
Vernica

ADMINISTRATOR COMMENTS
ADMINISTRATOR SIGNATURE
P. 20

Janne

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEWREVIEW DATE: 8/10/16

EMPLOYEE INFORMATION	
NAME: <u>Maria Ronce</u>	DATE OF HIRE:
JOB TITLE: <u>CNA</u>	
DEPARTMENT:	

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		✓			
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE		✓			
COMMUNICATION		✓			
DEPENDABILITY	✓				
OVERALL RATING		✓			

EMPLOYEE COMMENTS	
<p><i>Maria is a good worker, good team worker, always willing to help others. Good at care.</i></p>	
<p><i>I agree with it</i></p>	<p>EMPLOYEE SIGNATURE: <i>Maria Ronce</i></p>

SUPERVISOR COMMENTS	
<p></p>	
<p>SUPERVISOR SIGNATURE: <i>[Signature]</i></p>	

ADMINISTRATOR COMMENTS	
<p></p>	
<p>ADMINISTRATOR SIGNATURE: <i>[Signature]</i></p>	

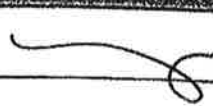
WESTGATE GARDENS CARE CENTER

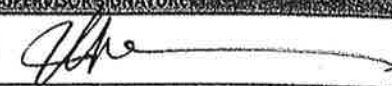
EMPLOYEE PERFORMANCE REVIEW


REVIEW DATE: 7/21/16

EMPLOYEE INFORMATION	
NAME: Alma Torres	DATE OF HIRE:
JOB TITLE: CNA	
DEPARTMENT: Nursing	

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		✓			
WORK QUALITY		✓			
ATTENDANCE/PUNCTUALITY			✓		
INITIATIVE		✓			
COMMUNICATION		✓			
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
I do not agree with attendance/punctuality I'm always on time and hardly call in.	A.T. 

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
Good patient care. Works well with others.	

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE
	

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8/24/16.

EMPLOYEE INFORMATION	
NAME: Wanda Mathew	DATE OF HIRE:
JOB TITLE: CNA	
DEPARTMENT:	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE		✓			
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE		✓			
COMMUNICATION			✓		
DEPENDABILITY	✓				
OVERALL RATING					

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
I might not talk alot but I always been like that because I don't like alot of assup And as for as leadership when you try to explain something to some C.N.A. they tend to think that you are bossy so I just stay der myself. Also I have been a C.N.A for 31 yrs. & and I no what best. But if it something about a resident I will speak up.	

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
Although Wanda doesn't work at the fastest pace, in her own unique flow she has proven to be very dependable with excellent work quality. Wanda does tend to be on the quiet side, not necessarily a bad thing I would like to see Wanda more vocal as one might do in a leadership role. I also think Wanda could improve in taking the initiative at certain times. Over all Wanda is a great CNA and a pleasure to have work on station #2	

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE

Francisco

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 7/21/16

EMPLOYEE INFORMATION

NAME: Isela Tapia
JOB TITLE: CNA
DEPARTMENT: nursing

DATE OF HIRE:

RATINGS

APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓	✓			
WORK QUALITY	✓	✓			
ATTENDANCE/PUNCTUALITY	✓	✓			
INITIATIVE	✓				
COMMUNICATION			✓		
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS

EMPLOYEE SIGNATURE

Isela Tapia

SUPERVISOR COMMENTS

SUPERVISOR SIGNATURE

Janae

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE

[Signature]

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE:

8/29/16

EMPLOYEE INFORMATION

NAME:

JOHN Bobadilla

DATE OF HIRE:

JOB TITLE:

DEPARTMENT:

RATINGS

APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		✓			
WORK QUALITY		✓			
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE			✓		
COMMUNICATION			✓		
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS

Thank you for all the experience so far I have had. Really looking forward to becoming the best I can be.

EMPLOYEE SIGNATURE

John Bobadilla

SUPERVISOR COMMENTS

SUPERVISOR SIGNATURE

Tulmas

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE

L. J. H.

James

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION					
NAME: <u>Brad Ayers</u>			REVIEW DATE: _____		
JOB TITLE: _____			DATE OF HIRE: _____		
DEPARTMENT: _____					

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE			✓		
WORK QUALITY		✓			
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE		✓			
COMMUNICATION		✓			
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS
<div style="background-color: #cccccc; display: inline-block; padding: 2px;">EMPLOYEE SIGNATURE</div> <u>Brad Ayers</u>

SUPERVISOR COMMENTS
<div style="background-color: #cccccc; display: inline-block; padding: 2px;">SUPERVISOR SIGNATURE</div>

ADMINISTRATOR COMMENTS
<div style="background-color: #cccccc; display: inline-block; padding: 2px;">ADMINISTRATOR SIGNATURE</div>

Vernica C

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE:
NAME: <u>Jeremy Tompkins</u>	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓				
WORK QUALITY		✓			
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE		✓			
COMMUNICATION			✓		
DEPENDABILITY		✓			
OVERALL RATING					

EMPLOYEE COMMENTS	
<p><u>Jeremy knows what his job description is. He does communicate changes in E's status promptly, however responding to nursing in headsets is poor, and @ times does not want to wear them. I do believe he can take more initiative in assisting others with their residents.</u></p>	
	EMPLOYEE SIGNATURE

SUPERVISOR COMMENTS	
<p><u>I completely disagree with communication with nurses either nurses don't respond or makes jokes that ant understand my speech and I assist others as much as I can if we're more time or not as busy could do others work</u></p>	
	SUPERVISOR SIGNATURE

ADMINISTRATOR COMMENTS	
	ADMINISTRATOR SIGNATURE

Vince

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 7/22/16

EMPLOYEE INFORMATION	
NAME: Stephanie Bustamante	DATE OF HIRE: 7/22/15
JOB TITLE: CNA	Annual 2016
DEPARTMENT: Nursing	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	3.5	X			
WORK QUALITY	X			X	
ATTENDANCE/PUNCTUALITY					
INITIATIVE	X				
COMMUNICATION		X			
DEPENDABILITY		X			
OVERALL RATING			X		

EMPLOYEE COMMENTS:	
<p>Communication could be better between Nurses and Aids.</p> <p>Teamwork could be better</p> <p>I think we should have a small raise with all the combativeness group 1 & 2 deals with (Hazard pay). I love my job very much and enjoy bringing smiles to my residents face every day I am here.</p>	
EMPLOYEE SIGNATURE:	Stephanie Bustamante

SUPERVISOR COMMENTS:	station 3 also needs to work on team work. very pleasant & I enjoy working with this employee.
SUPERVISOR SIGNATURE:	V/A

ADMINISTRATOR COMMENTS:	
ADMINISTRATOR SIGNATURE:	LP

Character

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8/19/16

EMPLOYEE INFORMATION

NAME: Monica Romero
 JOB TITLE: _____
 DEPARTMENT: _____

DATE OF HIRE: _____

RATINGS

APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	✓				
WORK QUALITY			✓		
ATTENDANCE/PUNCTUALITY				✓	
INITIATIVE			✓		
COMMUNICATION		✓			
DEPENDABILITY			✓		
OVERALL RATING			✓		

EMPLOYEE COMMENTS

EMPLOYEE SIGNATURE

SUPERVISOR COMMENTS

SUPERVISOR SIGNATURE

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 7/21/14

EMPLOYEE INFORMATION	
NAME: JALISSA ALVARADO	DATE OF HIRE:
JOB TITLE: CNA	
DEPARTMENT: NURSING	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE			✓		
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE		✓			
COMMUNICATION			✓		
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS	
<p>These ratings are based on the fact that I have only worked with CNA for a short period of time. CNA shows good effort and excellent quality in work. Resident can improve in overall job knowledge, communication, and initiative in all ADL care. I do appreciate CNA's positive attitude, willingness to help and learn. I have no doubt in time areas of improvement will be resolved.</p>	
EMPLOYEE SIGNATURE: <i>Jalissa Alvarado</i>	

SUPERVISOR COMMENTS	
SUPERVISOR SIGNATURE: <i>[Signature]</i>	

ADMINISTRATOR COMMENTS	
ADMINISTRATOR SIGNATURE: <i>[Signature]</i>	

Lean

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8-16-16

EMPLOYEE INFORMATION	
NAME: Amber Rodriguez	DATE OF HIRE:
JOB TITLE:	
DEPARTMENT:	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	5				
WORK QUALITY			3		
ATTENDANCE/PUNCTUALITY	5				
INITIATIVE		4			
COMMUNICATION				2	
DEPENDABILITY				2	
OVERALL RATING	21				

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
	Amber Rodriguez

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
Amber is very knowledgeable on her work skill. Does not need much direction. She is dependable and punctual in regards to her attendance. She can also use more education when it comes to residents respect and feelings. Amber can also use some instruction on team work and cooperation with coworkers. Amber has a lot of potential and great to work with.	

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE
	LEA

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8/11/16

EMPLOYEE INFORMATION	
NAME: Inaue Alva	DATE OF HIRE:
JOB TITLE: CNA	
DEPARTMENT: Nursing	

RATINGS			
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFA
JOB KNOWLEDGE		4	
WORK QUALITY		4	
ATTENDANCE/PUNCTUALITY	5		
INITIATIVE	5		
COMMUNICATION	5		
DEPENDABILITY	5		
OVERALL RATING	5		

(2) Good

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
	Inaue Alva

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
Has a great attitude about work + teamwork. Works well with others. Takes great care with her residents + other residents. Always smiling + positive. Continues to improve + grow in knowledge of her job. Takes constructive criticism well. Let's us + grows.	cm. Jellohn
Keep up the good work.	

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE
	R. So

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 7/21/18
NAME: Rebecca Hernandez	DATE OF HIRE: 9-11-95	
JOB TITLE: CNA		
DEPARTMENT: Nursing		

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		✓			
WORK QUALITY		✓			
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE		✓			
COMMUNICATION		✓			
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS:

I have tried to do my best job I can do

EMPLOYEE SIGNATURE:

Rebecca Hernandez

SUPERVISOR COMMENTS:

I have had the pleasure of working with Rebecca for many years. It is always a pleasure to work with her.

SUPERVISOR SIGNATURE:

[Signature]

ADMINISTRATOR COMMENTS:

ADMINISTRATOR SIGNATURE:

[Signature]

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 7/22/16

EMPLOYEE INFORMATION	
NAME: <u>LANDORA ENAS</u>	DATE OF HIRE: <u>7/22/15</u>
JOB TITLE: <u>CNA</u>	
DEPARTMENT: <u>Nursing</u>	<u>Annual 2016</u>

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE		4			
WORK QUALITY	5				
ATTENDANCE/PUNCTUALITY				2	
INITIATIVE	5				
COMMUNICATION		4			
DEPENDABILITY		4			
OVERALL RATING		4			

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
<p>Communication from Nurses to CNA's could be better. Team work really needs to improve when giving Jch a nurse an answer would be nice. I feel I work hard, but there is always room for improvement. I love what we do!!</p>	<p><i>Landora Enas</i></p>

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
<p>A knowledge of job & duties. station 3 needs to work on team-work. This employee is good to work with.</p>	<p><i>[Signature]</i></p>

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE
<p></p>	<p><i>[Signature]</i></p>

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 4/24/16	
EMPLOYEE INFORMATION	
NAME: Lina Hernandez	DATE OF HIRE: 4/24/13
JOB TITLE: CNA	Annual 2016
DEPARTMENT: Nursing	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	5				
WORK QUALITY	5				
ATTENDANCE/PUNCTUALITY			3		
INITIATIVE		4			
COMMUNICATION	5				
DEPENDABILITY		4			
OVERALL RATING		4			

EMPLOYEE COMMENTS
I believe I do a good job with my patients. I know I don't don't have the greatest Attendance but I try my best to be here. I believe I work hard and do all I can.
EMPLOYEE SIGNATURE
<i>[Signature]</i>

SUPERVISOR COMMENTS
EMPLOYEE IS A HARD WORKER AND VERY DEPENDABLE. ALWAYS CAN COUNT ON HAVING A GOOD DAY WITH HER ON MY TEAM. TAKES INITIATIVE AND NEVER HAS TO BE TOLD TWICE TO COMPLETE A TASK.
SUPERVISOR SIGNATURE
<i>[Signature]</i>

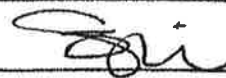
ADMINISTRATOR COMMENTS
ADMINISTRATOR SIGNATURE
<i>[Signature]</i>


WESTGATE GARDENS CARE CENTER


EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 7-21-14
NAME: <u>Sarah Garcia</u>	DATE OF HIRE:	
JOB TITLE: <u>CNA</u>		
DEPARTMENT: <u>Nursing</u>		

RATINGS						
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR	
JOB KNOWLEDGE	✓					
WORK QUALITY	✓					
ATTENDANCE/PUNCTUALITY			✓			
INITIATIVE	✓					
COMMUNICATION	✓					
DEPENDABILITY	✓					
OVERALL RATING						

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
	

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
<p>At times Sara seems to get frustrated when residents have behavior issues however she knows when to walk away and let ^{working} waiter know to take over. She is fast and thorough with it's ADL care. She makes sure her residents look presentable and that they receive adequate hygiene.</p>	

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE
	

Onnstyl

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8/23/16

EMPLOYEE INFORMATION					
NAME:	Anita Pacheco		DATE OF HIRE:		
JOB TITLE:					
DEPARTMENT:					

RATINGS					
APPROPRIATE	1-EXCELLENT	2-GOOD	3-SATISFACTORY	4-FAIR	5-POOR
JOB KNOWLEDGE	5				
WORK QUALITY	5				
ATTENDANCE/PUNCTUALITY		4			
INITIATIVE		4			
COMMUNICATION	5				
DEPENDABILITY	5				
OVERALL RATING	4.5				

EMPLOYEE COMMENTS

EMPLOYEE SIGNATURE

SUPERVISOR COMMENTS

SUPERVISOR SIGNATURE

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE

jeanne

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION					REVIEW DATE: 7/21/10
NAME:	Phil Miska			DATE OF HIRE:	
JOB TITLE:	CNA				
DEPARTMENT:	Nursing				

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE		✓			
COMMUNICATION		✓			
DEPENDABILITY	✓				
OVERALL RATING	✓				

EMPLOYEE COMMENTS:

Great pt care. Follow directions well. Always willing to help others.

EMPLOYEE SIGNATURE

Phil Miska

SUPERVISOR COMMENTS:

SUPERVISOR SIGNATURE

[Signature]

ADMINISTRATOR COMMENTS:

ADMINISTRATOR SIGNATURE

[Signature]

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE:

7/21/16

EMPLOYEE INFORMATION	
NAME: <u>Cecilia Carabayo</u>	DATE OF HIRE:
JOB TITLE: <u>CNA</u>	
DEPARTMENT: <u>Nursing</u>	

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE		✓			
COMMUNICATION		✓			
DEPENDABILITY	✓				
OVERALL RATING		4.5			

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
	C. Carabayo

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
When CNA comes to work with positive attitude and willingness to work she demonstrates excellent knowledge work quality and dependability. There are areas that can be improved such as taking more initiative in doing what the residents depend on during ADLs. Communication also can improve. Overall she is a pleasure to work with and is one of our stronger CNAs.	

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE

document#
mand

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8-10-16

EMPLOYEE INFORMATION

NAME: Keatha Gradsden

DATE OF HIRE:

JOB TITLE:

DEPARTMENT:

RATINGS

APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	X				
WORK QUALITY	X				
ATTENDANCE/PUNCTUALITY	X				
INITIATIVE	Other	X			
COMMUNICATION	X				
DEPENDABILITY		X			
OVERALL RATING	X				

EMPLOYEE COMMENTS

EMPLOYEE SIGNATURE

Keatha Gradsden

SUPERVISOR COMMENTS

SUPERVISOR SIGNATURE

[Signature]

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE

[Signature]

Diane


WESTGATE GARDENS CARE CENTER


EMPLOYEE PERFORMANCE REVIEW


REVIEW DATE: 7/5/16

EMPLOYEE INFORMATION	
NAME: Martha Rivera	DATE OF HIRE: 7/5/06
JOB TITLE: CNA / RNA	Annual 2016
DEPARTMENT: Nursing	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	X				
WORK QUALITY	X				
ATTENDANCE/PUNCTUALITY		X			
INITIATIVE	X				
COMMUNICATION	X				
DEPENDABILITY	X				
OVERALL RATING		X			

EMPLOYEE COMMENTS:
Attendance/Punctuality - Have not called in since August or September of 2015. Sometimes (rarely) a couple mins. late due to dropping off kids.
Overall Rating - "Good" because I know alot, but can always learn more, or can always learn to do a better job.
EMPLOYEE SIGNATURE: 

SUPERVISOR COMMENTS:
EMPLOYEE IS A HARD WORKER AND AS DEPENDABLE AS THEY COME! SHE HAS ALWAYS BEEN KNOWN TO BE PLEASANT WITH BOTH FAMILY MEMBERS AND FELLOW STAFF MEMBER. ALWAYS TAKES IT UPON HERSELF TO ASSIST OTHERS AND GOES "ABOVE AND BEYOND" IN THE CARE SHE PROVIDES FOR RESIDENTS.
SUPERVISOR SIGNATURE: 

ADMINISTRATOR COMMENTS:
ADMINISTRATOR SIGNATURE: 

Janne

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 8/10/16
NAME: <u>Adriana Brown</u>	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		✓ ✓			
WORK QUALITY		✓ ✓			
ATTENDANCE/PUNCTUALITY		✓	✓		
INITIATIVE		✓ ✓			
COMMUNICATION	✓	✓			
DEPENDABILITY		✓ ✓			
OVERALL RATING		✓ ✓			

EMPLOYEE COMMENTS:

EMPLOYEE SIGNATURE:

SUPERVISOR COMMENTS:

Follow directions well. Good pt care. Good team work.

SUPERVISOR SIGNATURE:

ADMINISTRATOR COMMENTS:

ADMINISTRATOR SIGNATURE:

WESTGATE GARDENS CARE CENTER

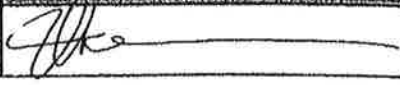
EMPLOYEE PERFORMANCE REVIEW


REVIEW DATE: 7-25-16

EMPLOYEE INFORMATION	
NAME: Isabel Vasquez	DATE OF HIRE:
JOB TITLE: CNA	
DEPARTMENT: nursing	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE		✓			
WORK QUALITY		✓			
ATTENDANCE/PUNCTUALITY			✓		
INITIATIVE		✓			
COMMUNICATION		✓			
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS
<p>○</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p>
EMPLOYEE SIGNATURE
Isabel Vasquez

SUPERVISOR COMMENTS
<p>Always helping others. Fair in following directions.</p> <p>good patient care.</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p>
SUPERVISOR SIGNATURE


ADMINISTRATOR COMMENTS
<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p>
ADMINISTRATOR SIGNATURE


fransisco

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 2/14/16

EMPLOYEE INFORMATION	
NAME: <u>ana jana</u>	DATE OF HIRE:
JOB TITLE: <u>and nursing</u>	
DEPARTMENT:	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE	✓				
COMMUNICATION			✓		
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
I should've got a "5" in Communication. I am <u>always</u> on the walkie. This is totally wrong.	<u>Ana Pena</u>

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
	<u>JLW</u>

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE
	<u>[Signature]</u>


WESTGATE GARDENS CARE CENTER


EMPLOYEE PERFORMANCE REVIEW


REVIEW DATE: 6/29/16

EMPLOYEE INFORMATION	
NAME: Rosamaria Ramos	DATE OF HIRE: 6/29/15
JOB TITLE: CNA	Annual 2014
DEPARTMENT: Nursing	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE		4			
WORK QUALITY	5				
ATTENDANCE/PUNCTUALITY	5				
INITIATIVE					
COMMUNICATION		4			
DEPENDABILITY		4			
OVERALL RATING			3		

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
Overall I think I feel that I do a great job at what I do. I've only been here for a year and I know I have a lot of improvement to do there is always room for improvement. I always put 100% in what I do. I love my job!	

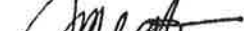
SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
I think that Rosemary does an excellent job as CNA and goes over and beyond for the residents. She rated herself too low on her overall rating. She is an excellent and hardworker.	

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE
	

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 8/10/16
NAME: Marie Fontanilla	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE		✓			
WORK QUALITY		✓			
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE		✓			
COMMUNICATION			✓		
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE 
-------------------	---

SUPERVISOR COMMENTS	
	SUPERVISOR SIGNATURE NOS

[illegible]

nmw

ST 3 4-8
Filed: 12

of 3

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8/19/16

EMPLOYEE INFORMATION	
NAME: Auneha Leon	DATE OF HIRE:
JOB TITLE:	
DEPARTMENT:	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE		✓			
WORK QUALITY		✓			
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE		✓			
COMMUNICATION		✓			
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS
EMPLOYEE SIGNATURE: Auneha Leon

SUPERVISOR COMMENTS
SUPERVISOR SIGNATURE: Jorge 8/19/16

ADMINISTRATOR COMMENTS
ADMINISTRATOR SIGNATURE: CJA

~~Lynda~~

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 8/24/16
NAME: <u>Sornechitra Xaivong</u>	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		X			
WORK QUALITY		X			
ATTENDANCE/PUNCTUALITY					
INITIATIVE		X			
COMMUNICATION		X			
DEPENDABILITY		X			
OVERALL RATING					

EMPLOYEE COMMENTS

EMPLOYEE SIGNATURE

SUPERVISOR COMMENTS

Sornechitra gets along well with her co workers
Needs to be a little more self starter qualities

SUPERVISOR SIGNATURE

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE

Lead in

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 8-16-16
NAME: Elida Notarnicola	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATING					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	5				
WORK QUALITY	5				
ATTENDANCE/PUNCTUALITY	5				
INITIATIVE		4			
COMMUNICATION		4			
DEPENDABILITY	5				
OVERALL RATING	28				

EMPLOYEE COMMENTS:

EMPLOYEE SIGNATURE:

Elida Notarnicola

SUPERVISOR COMMENTS:

Elida has proven to be a hard worker, willing to help others. She does not hesitate to cooperate with the RN/LVN's when asked. She is always in a cheerful mood. She is very respectful to the residents and co-workers. Elida is very knowledgeable in her job skills. She is dependable and honest but needs to work on her communication skill to be open and not so timid. Elida is a pleasure to work with.

SUPERVISOR SIGNATURE:

ADMINISTRATOR COMMENTS:

ADMINISTRATOR SIGNATURE:

ESD

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8/11/16

EMPLOYEE INFORMATION	
NAME: Gina Aguirre	DATE OF HIRE:
JOB TITLE: CNA	
DEPARTMENT: Nursing	

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	5				
WORK QUALITY	5				
ATTENDANCE/PUNCTUALITY		4			
INITIATIVE		4			
COMMUNICATION		4			
DEPENDABILITY	5				
OVERALL RATING		4			

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
Thank you to do believe and happy my eval. I do believe I need to build confidence but I do like what was said thank you	Gina Aguirre

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
Has good teamwork. Works well with others. Rooms look good. Residents clean & tidy. Has great knowledge of work & what needs to be completed. Try's very hard to complete tasks in timely manner. Needs to build confidence in her job performance.	M. Jello, RN

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE
	P. So

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE 8/17/16

EMPLOYEE INFORMATION	
NAME: Shile Sechan	DATE OF HIRE:
JOB TITLE: CNA	
DEPARTMENT: Nursing	

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		4			
WORK QUALITY		4			
ATTENDANCE/PUNCTUALITY	5				
INITIATIVE	5				
COMMUNICATION	5				
DEPENDABILITY	5				
OVERALL RATING	20	8			

EMPLOYEE COMMENTS	SUPERVISOR SIGNATURE
I feel as I put my best job in my work idd, I will improve and succeed in what needs to be done, and will keep up the good work.	Shile Sechan

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
Has good work ethics. Friendly with residents + staff. Always willing to help others. follows directions well. Keep up the good work.	M. Jellison


ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE
	LSa

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE:
NAME: Rosemary Ramon	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING					

EMPLOYEE COMMENTS	
Rosemary always asks how she can help out when she's U-S. She stops what she is doing to answer lights and alarms. She reports any changes in E's condition in a prompt manner. She always responds to nursing promptly when nursing needs vital signs, or other data regarding E's.	APPROVE SIGNATURE 

SUPERVISOR COMMENTS	
	SUPERVISOR SIGNATURE
	<i>[Signature]</i>

[illegible]

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8/16/16

EMPLOYEE INFORMATION	
NAME: Christina Lamas	DATE OF HIRE:
JOB TITLE:	
DEPARTMENT:	

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		X			
WORK QUALITY		X			
ATTENDANCE/PUNCTUALITY					
INITIATIVE		X			
COMMUNICATION		X			
DEPENDABILITY		X			
OVERALL RATING		X			

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
Thank you, I do my job best when we have teamwork and a one-on-one.	Christina Lamas

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
Christina has shown good job skills and has good communication with staff and residents. Works well with others.	Kendall

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE
	ESB

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8/10/16	
EMPLOYEE INFORMATION	
NAME: Maggie Howell	DATE OF HIRE:
JOB TITLE:	
DEPARTMENT:	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE		X			
WORK QUALITY		X			
ATTENDANCE/PUNCTUALITY					
INITIATIVE		X			
COMMUNICATION		X			
DEPENDABILITY		X			
OVERALL RATING		X			

EMPLOYEE COMMENTS	
EMPLOYEE SIGNATURE	
Maggie Howell	

SUPERVISOR COMMENTS	
Maggie as a new CNA has shown great pride in her duties. Gets along well with her residents. Shows great communication with staff.	
SUPERVISOR SIGNATURE	
D. K. [Signature]	

ADMINISTRATOR COMMENTS	
ADMINISTRATOR SIGNATURE	
[Signature]	

WESTGATE GARDENS CARE CENTER


EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 7/21/10
NAME: Jennifer Davis	DATE OF HIRE:	
JOB TITLE: CNA		
DEPARTMENT: Nursing		

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE		✓			
WORK QUALITY		✓			
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE		✓			
COMMUNICATION		✓			
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS	
I have only recently started working & Jennifer has good work the following directions well.	
WBS	
EMPLOYEE SIGNATURE Jennifer Dever	

[illegible]

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE 
-------------------------------	--

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 8/19/16
NAME: Bullock Williams	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		✓			
WORK QUALITY		✓			
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE		✓			
COMMUNICATION			✓		
DEPENDABILITY		✓			
OVERALL RATING		✓			

EMPLOYEE COMMENTS	
	EMPLOYEE SIGNATURE
	<i>[Signature]</i>

SUPERVISOR COMMENTS	
	SUPERVISOR SIGNATURE
	<i>[Signature]</i> LUV

ADMINISTRATOR COMMENTS	
	ADMINISTRATOR SIGNATURE

WESTGATE GARDENS CARE CENTER


EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE:
NAME: <i>Sandy Lee</i>	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE			✓		
WORK QUALITY		✗	✗		
ATTENDANCE/PUNCTUALITY					
INITIATIVE		✗	✗		
COMMUNICATION			✗		
DEPENDABILITY			✗		
OVERALL RATING			✓		

[illegible]

SUPERVISOR COMMENTS	
Sandy works well with staff and residents Needs to improve on attendance	
SUPERVISOR SIGNATURE	
Angela Galvan	

ADMINISTRATOR COMMENTS	
18	ADMINISTRATOR SIGNATURE
	

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 9/1/14
NAME: Judy Villarreal	DATE OF HIRE: 9/1/12	
JOB TITLE: CRNA	Annual 2014	
DEPARTMENT: Nursing		

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	✓				

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
	Judy Villarreal

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
	Donna M. [Signature]

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE
	[Signature]

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8/23/16					
EMPLOYEE INFORMATION					
NAME: Betty Marquez			DATE OF HIRE:		
JOB TITLE: (BEATRIZ) CNA					
DEPARTMENT:					

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	✓				

EMPLOYEE COMMENTS

EMPLOYEE SIGNATURE

Betty Marquez

SUPERVISOR COMMENTS

SUPERVISOR SIGNATURE

D. Torres

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE

[Signature]

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW


8/19/14

REVIEW DATE: 7/21/16

EMPLOYEE INFORMATION		1/21/16
NAME: marta Ortega	DATE OF HIRE:	
JOB TITLE: end		
DEPARTMENT: nursing		

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	✓				

[illegible][illegible]

ADMINISTRATOR COMMENTS:	ADMINISTRATOR SIGNATURE: 
--------------------------------	---

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 7/21/14
NAME: Ana Rosales	DATE OF HIRE:	
JOB TITLE: Rn		
DEPARTMENT: Nursing		

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	✓				

EMPLOYEE COMMENTS

EMPLOYEE SIGNATURE

Ana Rosales

SUPERVISOR COMMENTS

SUPERVISOR SIGNATURE

Venus Vann

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE

[Signature]

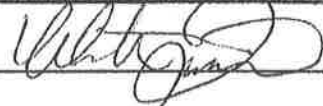
James


WESTGATE GARDENS CARE CENTER


EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 7/30/16	
EMPLOYEE INFORMATION	
NAME: Celeste Tapia	DATE OF HIRE: 7/30/12
JOB TITLE: CNA	Annual 2016
DEPARTMENT:	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	✓				

EMPLOYEE COMMENTS
She is always
EMPLOYEE SIGNATURE


SUPERVISOR COMMENTS
She is always on time. She works hard and very professional. She has great time team work. She always has a positive attitude.
SUPERVISOR SIGNATURE


ADMINISTRATOR COMMENTS
ADMINISTRATOR SIGNATURE


WESTGATE GARDENS CARE CENTER


EMPLOYEE PERFORMANCE REVIEW


EMPLOYEE INFORMATION		REVIEW DATE: 2/10/16
NAME: Celeste Topia	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY		✓			
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	✓				

[illegible]

SUPERVISOR COMMENTS:
She is dependable, hard working. She communicates well. She is a team player. She always has a positive attitude.

SUPERVISOR SIGNATURE:


ADMINISTRATOR COMMENTS:	ADMINISTRATOR SIGNATURE 
--------------------------------	--

vennica

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 7/21/16
NAME: <u>Maria Saldaña</u>	DATE OF HIRE:	
JOB TITLE: <u>CNA</u>		
DEPARTMENT: <u>Nursing</u>		

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING					

EMPLOYEE COMMENTS

EMPLOYEE SIGNATURE

SUPERVISOR COMMENTS

SUPERVISOR SIGNATURE

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE

vennira

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 7/21/16
NAME: Sheryl Rivera	DATE OF HIRE:	
JOB TITLE: RND		
DEPARTMENT: nursing		

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING					

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
	Sheryl Rivera 8/23/16

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
	Vennira

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE

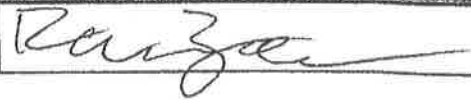
hilda

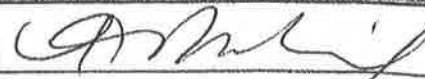
WESTGATE GARDENS CARE CENTER


EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 6/3/16	
EMPLOYEE INFORMATION	
NAME: Raymond Zamora	DATE OF HIRE: 6/3/14
JOB TITLE: CNA	Annual 2016
DEPARTMENT: Nursing	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	5				
WORK QUALITY	5				
ATTENDANCE/PUNCTUALITY	5				
INITIATIVE	5				
COMMUNICATION	5				
DEPENDABILITY	5				
OVERALL RATING	5				

EMPLOYEE COMMENTS	
I still would like to learn more I am not the best, however I put 100% in what I do	
EMPLOYEE SIGNATURE: 	

SUPERVISOR COMMENTS	
Don't work c Raymond too much often but the very few days that I've worked with him he seems like a hard worker and is willing to do his job well for the residents. Is very dependable when asked to do something.	
SUPERVISOR SIGNATURE: 	

ADMINISTRATOR COMMENTS	
ADMINISTRATOR SIGNATURE: 	

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 7/21/10
NAME: <u>Pasella Hawser</u>	DATE OF HIRE: <u>09-07-07</u>	
JOB TITLE: <u>CNA</u>		
DEPARTMENT: <u>Nursing</u>		

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	✓				

EMPLOYEE COMMENTS

I love my job here. I love my residents coworkers, and residents family. I will continue to put my best foot forward and continue to work hard.

EMPLOYEE SIGNATURE: Pasella Hawser

SUPERVISOR COMMENTS

Communicates well with staff. Lets nursing know of changes in resident status in a timely manner. Helps other CNAs without complaining. Team player.

SUPERVISOR SIGNATURE: Vee Cenn

ADMINISTRATOR COMMENTS

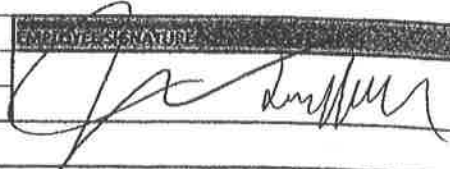
ADMINISTRATOR SIGNATURE: [Signature]

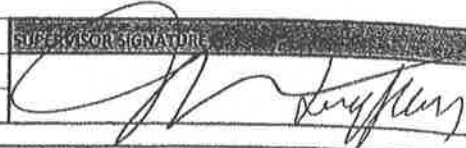
WESTGATE GARDENS CARE CENTER


EMPLOYEE PERFORMANCE REVIEW

REVIEW DATE: 8/24/16	
EMPLOYEE INFORMATION	
NAME: Lucy Hernandez	DATE OF HIRE:
JOB TITLE:	
DEPARTMENT:	

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓	✓			
WORK QUALITY	✓	✓			
ATTENDANCE/PUNCTUALITY	✓	✓			
INITIATIVE	✓	✓			
COMMUNICATION	✓	✓			
DEPENDABILITY	✓	✓			
OVERALL RATING	✓	✓			

EMPLOYEE COMMENTS
Appreciate the 5's. There is always room for improvement. Thank you.
EMPLOYEE SIGNATURE


SUPERVISOR COMMENTS
SUPERVISOR SIGNATURE


ADMINISTRATOR COMMENTS
ADMINISTRATOR SIGNATURE


Chnsty

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE:
NAME: <u>Michael Dutiz</u>	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	5				
WORK QUALITY	5				
ATTENDANCE/PUNCTUALITY	5				
INITIATIVE	5				
COMMUNICATION	5	4			
DEPENDABILITY	5				
OVERALL RATING	5				

EMPLOYEE COMMENTS

EMPLOYEE SIGNATURE

SUPERVISOR COMMENTS

SUPERVISOR SIGNATURE

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE

Veronica C

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION					REVIEW DATE:
NAME:	Nancy Alcaraz			DATE OF HIRE:	
JOB TITLE:					
DEPARTMENT:					

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING					

EMPLOYEE COMMENTS:

Excellent job communicating with staff, and nurses. Always lets nursing know promptly if change in condition is noted. She never says "that's not my patient." She takes initiative and assist P's with their ADL's. She is always professional and calm.

EMPLOYEE SIGNATURE:

[Signature]

SUPERVISOR COMMENTS:

SUPERVISOR SIGNATURE:

[Signature]

ADMINISTRATOR COMMENTS:

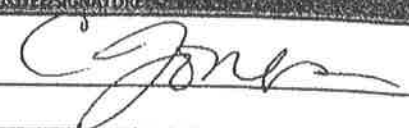
ADMINISTRATOR SIGNATURE:

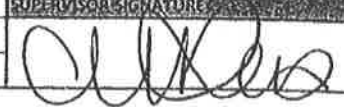
[Signature]


REVIEW DATE: 8/10/10

NAME: CORNEY	DATE OF HIRE:
JOB TITLE: CNA	
DEPARTMENT:	

RATINGS					
APPROPRIATE	5-EXCELLENT	4=GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		✓			
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	✓				

EMPLOYEE COMMENTS:	
I appreciate all the help and support from the nurses, Christina, Leah, Linda, Rosa etc. I agree with the evaluation and look forward to learning and growing.	
	EMPLOYEE SIGNATURE: 

SUPERVISOR COMMENTS:	
You are always willing to help. You are a great team player. You take bad situations and turn them into good ones. You are a very hard worker and you take your job seriously.	
	SUPERVISOR SIGNATURE: 

ADMINISTRATOR COMMENTS:	
	ADMINISTRATOR SIGNATURE: 

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 2/10/16
NAME: Betty Terry Hilo	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	✓				

[illegible]

SUPERVISOR COMMENTS

She works well with others. She is very dependable.
She communicates well, always offers to help. ~~person~~ She
is always on time.

SUPERVISOR SIGNATURE

L W

[illegible]

1 ml no
gun

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE:
NAME:	Gabyela Bastro	DATE OF HIRE:
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		X			
WORK QUALITY		X			
ATTENDANCE/PUNCTUALITY					
INITIATIVE		X			
COMMUNICATION		X			
DEPENDABILITY		X			
OVERALL RATING		X			

EMPLOYEE COMMENTS	EMPLOYEE SIGNATURE
	Gabyela Bastro

SUPERVISOR COMMENTS	SUPERVISOR SIGNATURE
Gabyela has a great attitude about her job. She is always willing to do what is asked of her.	D. Keenan

ADMINISTRATOR COMMENTS	ADMINISTRATOR SIGNATURE

WESTGATE GARDENS CARE CENTER

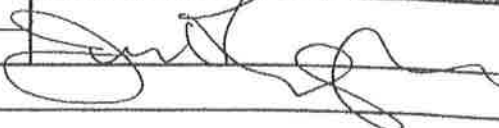
EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 8/10/16
NAME: <u>Jessica Rodriguez</u>	DATE OF HIRE:	
JOB TITLE:		
DEPARTMENT:		

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE		X			
WORK QUALITY		X			
ATTENDANCE/PUNCTUALITY					
INITIATIVE	X				
COMMUNICATION		X			
DEPENDABILITY		X			
OVERALL RATING		X			

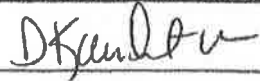
EMPLOYEE COMMENTS

Thank you. Am happy & crld for the acknowledgement mean alot. :)


EMPLOYEE SIGNATURE: 

SUPERVISOR COMMENTS

Jessica has shown great leadership in her role of helping other staff members, takes on extra duties. Her communication with residents and staff are very good. Shows ability and knowledge of job.


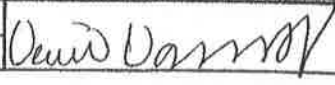
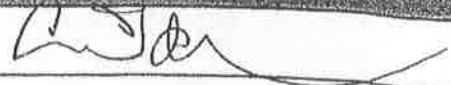
SUPERVISOR SIGNATURE: 

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE: 

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

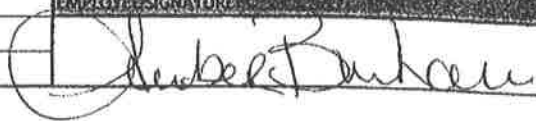
REVIEW DATE: 8/29/16.					
EMPLOYEE INFORMATION					
NAME: <u>Monica Romero Gonzalez.</u>			DATE OF HIRE:		
JOB TITLE: <u>RNA</u>					
DEPARTMENT: <u>CNA/PNA.</u>					
RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	Excellent				
EMPLOYEE COMMENTS					
<p>I strongly agree...I enjoy working here especially giving my all to residents & trying my best to be a team player thank you for the wonderful performance review.</p>					
					EMPLOYEE SIGNATURE
					
SUPERVISOR COMMENTS					
<p>Great Customer Service and communication with Staff.</p>					
					SUPERVISOR SIGNATURE
					
ADMINISTRATOR COMMENTS					
					ADMINISTRATOR SIGNATURE
					

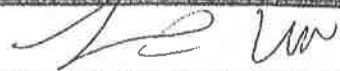
WESTGATE GARDENS CARE CENTER


EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION		REVIEW DATE: 7/21/16
NAME: Amber Brannan	DATE OF HIRE:	
JOB TITLE: nursing cna		
DEPARTMENT: nursing		

RATINGS					
APPROPRIATE	5=EXCELLENT	4=GOOD	3=SATISFACTORY	2=FAIR	1=POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	✓				

EMPLOYEE COMMENTS:
I agree I love my Residents as if they were my own family and so happy with the team work we have on station 2.
EMPLOYEE SIGNATURE: 

SUPERVISOR COMMENTS:
Res She always communicates well, she always offers to help everyone. She is a hard worker. She is always on time.
SUPERVISOR SIGNATURE: 

ADMINISTRATOR COMMENTS:
ADMINISTRATOR SIGNATURE: 

WESTGATE GARDENS CARE CENTER

EMPLOYEE PERFORMANCE REVIEW

EMPLOYEE INFORMATION					REVIEW DATE: 8/10/16
NAME: Judy Villaseca		DATE OF HIRE:			
JOB TITLE:					
DEPARTMENT:					

RATINGS					
APPROPRIATE	5-EXCELLENT	4-GOOD	3-SATISFACTORY	2-FAIR	1-POOR
JOB KNOWLEDGE	✓				
WORK QUALITY	✓				
ATTENDANCE/PUNCTUALITY	✓				
INITIATIVE	✓				
COMMUNICATION	✓				
DEPENDABILITY	✓				
OVERALL RATING	✓				

EMPLOYEE COMMENTS

EMPLOYEE SIGNATURE: Judy

SUPERVISOR COMMENTS

She has a positive attitude. She is always smiling and loves her job. She is a hard worker. She offers to help out on the floor.

SUPERVISOR SIGNATURE: [Signature]

ADMINISTRATOR COMMENTS

ADMINISTRATOR SIGNATURE: [Signature]

<u>CNAS</u>	<u>NURSES</u>	<u>EVAL RATINGS</u>	<u>RAISES GIVEN</u>
Aguirre, Gina	Michelle Tello	Good	2%
Alcala, Mayanin	Michelle Tello	Excellent	3%
Alcantar, Arturo	Diane Olmos	Good	2%
Alcaraz, Nancy	Veronica Corrales	Excellent	3%
Alva, Tracie	Michelle Tello	Good	2%
Alvarado, Jalissa	Abel Gonzales	Fair	1%
Ayers, Brad	James Ornales	Good	2%
Bartlett-Jones, Cortney	Christina Rosales	Excellent	3%
Bobadilla, Joshua	Diane Olmos	Good	2%
Branham, Amber	Lisa Smith	Excellent	3%
Brown, Adrie'Anna	Jeanie Cha	Good	2%
Bustamante, Stephanie	Vince Peters	Fair	1%
Carabay, Cecilia	Abel Gonzales	Good	2%
Dever, Jennifer	Vince Peters	Good	2%
Enas, Lanora	Vince Peters	Good	2%
Fernandez, Manuel	Veronica Vasquez	Good	2%
Fontanilla, Marie	Nancy Gunin	Good	2%
Gadsden, Reatha J	Maria Santillan	Good	2%
Gainey, Anna	Charla Rising	Excellent	3%
Garcia, Sarah	Veronica Corrales	Good	2%
Gonzales, Monica M.	Veronica Vasquez	Excellent	3%

Gonzalez, Rebecca	Vince Peters	Good	2%
Gutierrez, Priscilla	Hilda Pulido	Fair	1%
Hernandez, Lina	Diane Olmos	Good	2%
Hernandez, Lucy	James Ornelas	Excellent	3%
Hernandez, Yadira	Samantha Gonzalez	Fair	1%
Howell, Maggie	Denise Kaundart	Good	2%
Howser, Priscilla	Veronica Corrales	Good	2%
Leon, Aurelia	Samantha Gonzalez	Good	2%
Llamas, Christina	Denise Kaundart	Good	2%
Marquez, Beatriz	Diane Olmos	Excellent	3%
Mathews, Wanda F.	Abel Gonzales	Good	2%
Miska, Phillip	Jeanie Cha	Good	2%
Montejano, Cynthia	Nancy Guinn	Good	3%
Nielsen, Brice	Michelle Tello	Good	2%
Ontiveroz, Irene	Diane Olmos	Excellent	3%
Ortega, Marta	Samantha Gonzalez	Excellent	3%
Ortiz, Berenice	Samantha Gonzalez	Fair	1%
Ortiz, Michael	Christi Shipman	Excellent	3%
Pacheco, Anita I.	Christi Shipman	Good	2%
Pena Garcia, Ana	Francisco Corvera	Good	2%
Peralta, Yesenia	Abel Gonzalez	Excellent	3%
Ponce, Maria	Jeanie Cha	Good	2%
Ramos, Rosamaria	Veronica Corrales	Good	2%
Rangel, Raquel	Christina Rosales	Fair	1%

Rivera Carrillo, Martha	Diane Olmos	Excellent	3%
Rivera, Sheryl	Veronica Vasquez	Excellent	3%
Rodriguez, Amber	Christina Rosales	Fair	1%
Rodriguez, Jessica	Denise Kaundart	Good	2%
Romero, Monica	Charla Rising	Fair	1%
Rosales, Ana	Veronica Vasquez	Excellent	3%
Saldana, Maria	Veronica Vasquez	Excellent	3%
See, Cha	Angela Galvan	Fair	1%
See, Eesen	Denise Kaundart	Good	2%
Seechan, Sheila	Michelle Tello	Good	2%
Tapia, Celeste	Lisa Smith	Excellent	3%
Tapia, Isela	Francisco Corvera	Good	2%
Tompkins, Jeremy	Veronica Corrales	Good	2%
Torres, Alma	Jeanie Cha	Good	2%
Trujillo, Betty	Lisa Smith	Excellent	3%
Vasquez, Isabelle A.	Jeanie Cha	Good	2%
Villarreal Judy	Lisa Smith	Excellent	3%
Willems, Brittany	Francisco Corvera	Good	2%
Xaivong, Somchith (Leave)	Denise Kaundart	Good	2%
Zamora, Raymond	Hilda Pulido	Excellent	3%

CNA Interview

NAME: Desirée J. Rivas DATE: 08/24/2016

What are some of your strengths?

fast pace / gets along good with others.

What are some of your weaknesses?

none that I know yet.

Where do you see yourself in 5 years?

going back to school for her RN

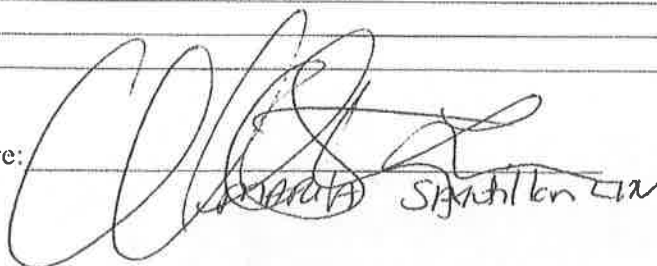
If you suspect or witness abuse, how would you go about reporting it?

IS Aware of Reporting it ASAP to charge nurse
& to Administrator

Why do you want to work in skilled nursing?

likes the hands on is a people person.

RN/LVN signature:


Sherita Spaulden RN

CNA Interview

NAME: Maura, Delyn DATE: 8/23/16

What are some of your strengths?

Background of Nursing. Mother is a Nursing.

What are some of your weaknesses?

Shaky person by nature.

Where do you see yourself in 5 years?

Being an RN.

If you suspect or witness abuse, how would you go about reporting it?

Report it immediately.

Why do you want to work in skilled nursing?

Working towards RN. Good Experience.

RN/LVN signature:

Delyn Maura / C. Selig

CNA Interview

NAME: C. Fowler DATE: 8/10/16

What are some of your strengths?

Bubbly personal level i patients. loves caring for them

What are some of your weaknesses?

Communication - You can never be perfect. Always room for improvement.

Where do you see yourself in 5 years?

RN.

If you suspect or witness abuse, how would you go about reporting it?

Anonymous Hot-line

Why do you want to work in skilled nursing?

more personalized i patientsRN/LVN signature: Rubrum

CNA Interview

NAME: Kathy Saesee DATE: 8/24/16

What are some of your strengths?

Hard worker, team player, reliable.2011
TNR -
FT/Reelwood
Springs

What are some of your weaknesses?

gets taken advantage of, helps out other people too much.

Where do you see yourself in 5 years?

Make R-N
graduated LVN waiting on taking test.
not currently in school.

If you suspect or witness abuse, how would you go about reporting it?

- Report to CN
Admin.
fill out paper.

Why do you want to work in skilled nursing?

because that's where CNA work.
feels like home.RN/LVN signature: [Signature]

730

D

CNA Interview

NAME: Kathy Saene DATE: 8/24/16

What are some of your strengths?

Hardworker, Reliable, & a team player

What are some of your weaknesses?

Hard to say NO: even when people take advantage of her.

Where do you see yourself in 5 years?

Waiting to take her test LNN.

If you suspect or witness abuse, how would you go about reporting it?

Report to C.N
Administrator
fill out SOC 341 paper

Why do you want to work in skilled nursing?

always has worked in skilled nursing
even if she gets her C.N or RN
license. she will continue to stay
in skilled nursing.

RN/LVN signature:

Esmeralda Ramo

*TRAMM
NMM*

CNA Interview

NAME: Phumada, Cecelia DATE: 8/23/16

What are some of your strengths?

Gifts/team player

What are some of your weaknesses?

Nothing!! I have been a CNA for a long time.

Where do you see yourself in 5 years?

Retired

If you suspect or witness abuse, how would you go about reporting it?

Report to ambudromen, Dir, Administrator.

Why do you want to work in skilled nursing?

Like to work with people.RN/LVN signature: 

CNA Interview

NAME: Yol See DATE: 8-16-16

What are some of your strengths?

multitasks - over achiever -
usually do not call in.
People person

What are some of your weaknesses?

new environments

Where do you see yourself in 5 years?

School - LVN → RN

If you suspect or witness abuse, how would you go about reporting it?

Rep. to Charge Nurse -
Chain of Command -

Why do you want to work in skilled nursing?

prev. worked in alg/dermatology. unaf

RN/LVN signature:

Yol SeeFull time AMS.

CNA Interview

NAME: Jessica Moon DATE: 8/30/16

What are some of your strengths?

Detail oriented
works best under pressure
sense of humor
Compassionate
Quick but effective

What are some of your weaknesses?

Attachment issues
Gets ahead of self
Plans to far ahead

Where do you see yourself in 5 years?

As a nurse, started Lin program,
taking time off a

If you suspect or witness abuse, how would you go about reporting it?

If witnessed, stop it. Inform superior, file necessary
paper work

Why do you want to work in skilled nursing?

Loves to work w/ elderly

RN/LVN signature: Jessica Moon

CNA Interview

NAME: Nomie V. DATE: 8/16/16

What are some of your strengths?

Independent, team player.

What are some of your weaknesses?

detail oriented, time management.

Where do you see yourself in 5 years?

working on RN.

If you suspect or witness abuse, how would you go about reporting it?

tell the nurse.

Why do you want to work in skilled nursing?

want to be active, interactive w/ patients.

RN/LVN signature: 

VOC Shift. Full time

Daily Assignment Sheet

STATION: 1Shift: AMDate: 8-1-16

Nurse: (Front)

Jeanne Cha, LVN

(Back)

Veronica Corrales, LVN

1A-6A

6B-11A

11B-15A

15B-19B

20A-26B

CNA Groups:

1B-5B

6A-10A

10B-14A

14B-17A

17B-20B

21A-26B

1. M. Fernandez2. Sarah3. R. Mitchell4. I. Vasquez5. A. Torres6. J. Bobadilla

10:15

10:45

9:45

10:45

10:15

9:45

Breaks - No time assignments "Please arrange/schedule your time"

CNA Meal Assignment

1. Dining Room J. Bobadilla
2. T/A(1&2) Dining Room Sarah
3. Floor R. Mitchell
4. Trays I. Vasquez (iv)
5. Trays A. Torres
6. Trays & Floor M. Fernandez

Attention ALL CNAS

- Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
- CNA on Floor during meals is responsible for updating white board every shift.
- Snacks are to be passed out upon delivery.
- Fresh ice water is to be passed out every shift.
- Report to dining room and TA before trays are called.
- Always make sure your charge nurse knows when you leave the floor.
- Make sure all residents are in there proper dining areas during all meals.
- Everyone is responsible to take their residents to proper dining areas

Daily Showers

Intake and Output

Room #	CNA Initial
1	2B
	4A
2	5A
	5B
3	9B
	11A
4	12B
	14B
5	15B
	17A
6	18B
	20A

Room #	Intake	Output
1B	150	130
2A	240	X2
3B	120	X2
5A	240	X2
5B	240	X3
6A	360	X1
6B	120	X2
7	360	1000 ml
9A		
9B		
11B	90	X1
12B	90	125
18A	960	X4
18B	1660	X3
19A	1200	X4
19B	1560	X3

I	O
20A	
20B	
21	1420 X2
22	720 X1
23A	
24A	840 X3

Daily Assignment Sheet

STATION: 1

Shift: PM

Date: 8/2/16

Nurse: (Front) VERONICA

(Back) HUDA

CNA_Groups:

CNA Groups: Snacles (645) (545) Aurelia 4-8
 1. Raymond 2. Maria 3. Delydina 4. Jenes 6. _____
1B-7A 9A-14A 14B-18B 19A-26B _____

CNA Meal Assignment

1. Dinning Room Aurelia

2. T/A(1&2)Dinning Room Raymond

3. Floor Maria

4. Trays Delfadira

5. Trays _____

6. Trays & Floor Jrene

Attention ALL CNAS

- Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
- CNA on Floor during meals is responsible for updating white board every shift.
- Snacks are to be passed out upon delivery.
- Fresh ice water is to be passed out every shift.
- Report to dinning room and TA before trays are called.
- Always make sure your charge nurse knows when you leave the floor.
- Make sure all residents are in there proper dinning areas during all meals.
- Everyone is responsible to take their residents to proper dinning areas

Daily Showers

[illegible]

Intake and Output

Room #	Intake	Output
1B	240	240 200cc
2A	240	X1
3B	480	X2
5A	600	X2
5B	Empty	
6A	240	X2
6B	120	600cc
7	240	900cc
9A	480	X2
9B	480	500cc
11B	240	X1
12B	Hospital	
18A	480	X2
18B	240	X2
19A	240	X1
19B	480	X2

22 480 x 50
24A 360 x 4

$\begin{array}{r} 204 \\ 2 \overline{) 408} \\ \underline{408} \\ 0 \end{array}$

737

B

Daily Assignment Sheet

STATION: 1 Shift: AMS Date: 8/3/16Nurse: (Front) Veronica V. (Back) Hilda

CNA Groups: 1B-6A 6B-11B 12A-15B 16A-19B 20A-26B
 1. Manuel 2. Adria Anna 3. Rachel 4. Maria 5. Alma 6. Phillip
1B-5A 6A-10B 10B-14B 14C-17A 17B-20A 20B-26B
1045 1015 0945 1045 1015 0945

CNA Meal Assignment	Attention ALL CNAS
1. Dinning Room <u>Maria</u> ^M	• Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
2. T/A(1&2)Dinning Room <u>Alma</u> [⊗]	• CNA on Floor during meals is responsible for updating white board every shift.
3. Floor <u>Adria Anna</u> + snacks	• Snacks are to be passed out upon delivery.
4. Trays <u>Rachel</u>	• Fresh ice water is to be passed out every shift.
5. Trays <u>Manuel</u> + Adria	• Report to dinning room and TA before trays are called.
6. Trays & Floor <u>Phillip</u> ^{RM}	• Always make sure your charge nurse knows when you leave the floor.
	• Make sure all residents are in there proper dinning areas during all meals.
	• Everyone is responsible to take their residents to proper dinning areas

Daily Showers

Room #	CNA Initial
2A	ME
3B	ME
7	RM
6B	RM
9A	3
10B	3
12A	2
15A	2
16B	2
19B	2
21	2
23B	2

Intake and Output

Room #	Intake	Output
1B	450	300
2A	450	X2
5A	560	X2
6A	760	X2
6B	120	425
7	480	475
9A	460	X3
9B	120	500
11B	240	X1
18A	790	X4
18B	340	X3
19A	1260	X2
19B	660	X4
20A	960	X2
20B	960	X3
21	560	X3
22	1140	FC 550

24A 1080 x

738 C

Daily Assignment Sheet

STATION: 1Shift: AMDate: 8/4/16Nurse: (Front) Veronica V.(Back) Veronica C

CNA Groups:

10:15 Adrianna 10:45 Yadira 9:45 ms 10:15 Isabel 10:45 Phil 6. ms
 1. 1B-6A 2. 6B-11A 3. 12A-16A 4. 16B-20A 5. 20B-26B

CNA Meal Assignment

1. Dinning Room Maria ^{ms}
2. T/A(1&2) Dinning Room Phil ^{PK}
3. Floor Yadira ^(Y)
4. Trays Adrianna ^{AB}
5. Trays Isabel
6. Trays & Floor

Attention ALL CNAS

- Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
- CNA on Floor during meals is responsible for updating white board every shift.
- Snacks are to be passed out upon delivery.
- Fresh ice water is to be passed out every shift.
- Report to dinning room and TA before trays are called.
- Always make sure your charge nurse knows when you leave the floor.
- Make sure all residents are in there proper dinning areas during all meals.
- Everyone is responsible to take their residents to proper dinning areas

Daily Showers

Room #	CNA Initial
2B	AB
4A	empty
5A	AB
5B	empty
9B	empty
11A	YJA
12B	empty
14B	ms
15B	ms
17A	Refused
18B	refused
20A	therapy

Intake and Output

Room #	Intake	Output
1B	840	500cc
2A	600	x3
3B	480	x4
4B	360	x2
5A	840	x4
6A	560	x3
6B	240	400cc
7	720	450cc
9A	720	x3
9B	240	150cc
11B	empty	
18A	400	x3
18B	480	x2
19A	240	x1
19B	480	x3
20A	720	x2

20B 750 x2

21 1320 x2

22 920 F 130

24 1320 x2

739

D

Daily Assignment Sheet

STATION: 1Shift: AMDate: 8/5/16Nurse: (Front) Hilda(Back) Diane

CNA Groups:

1. ^{4B}Adrie Anna 2. ^{MS}Sarah 3. ^{MS}Maria 4. Isabelle 5. Phillip 6. _____
 1B-5A 6A-10B 11B-15A 15B-19B 20A-26B
 1045 1015 0945 1045 1015

CNA Meal Assignment

1. Dinning Room Maria ^{MS}
 2. T/A(1&2) Dinning Room Phillip ^{PM}
 3. Floor Adrie Anna ^{AB}
 4. Trays Sarah + snacks
 5. Trays Isabelle ^(iv)
 6. Trays & Floor _____

Attention ALL CNAS

- Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
- CNA on Floor during meals is responsible for updating white board every shift.
- Snacks are to be passed out upon delivery.
- Fresh ice water is to be passed out every shift.
- Report to dinning room and TA before trays are called.
- Always make sure your charge nurse knows when you leave the floor.
- Make sure all residents are in there proper dinning areas during all meals.
- Everyone is responsible to take their residents to proper dinning areas

Daily Showers

Room #	CNA Initial
1A	- Empty -
2A	refused
4B	MS
8A	MS
11B	- Empty -
12C	^{MS}
14C	^{MS}
16A	^(iv)
17B	Done by LVN student
19A	ph RN student
20B	ph RN student
26A	- Empty -

Intake and Output

Room #	Intake	Output
1B	480	1000cc
2A	360	X3
3B	240	X4
4B	240	X2
5A	600	X5
6A	600	X4
6B	360	300
7	960	500
8	1180	X1
9B	960	500
11B	Empty	
18A	960	X3
19A	120	X1
19B	680	X3
20A	720	X2
20B	960	X3

22 1080 FC 1300
 24A 920 X2

740

E

Daily Assignment Sheet

STATION: 1Shift: PMDate: 8/6/16Nurse: (Front) Veronica(Back) Diane & Ashley

CNA Groups:

1. Jeremy 2. Priscilla 3. Dejadira 4. Beatriz 5. _____ 6. (4-8)
1A-10B 7A-14A 14B-18B 19A-20B
(6:45) (5:45) (10:15) (10:30)

CNA Meal Assignment

1. Dinning Room (4-8pm)
2. T/A(1&2) Dinning Room Jeremy
3. Floor Priscilla
4. Trays Dejadira
5. Trays _____
6. Trays & Floor Beatriz

Attention ALL CNAS

- Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
- CNA on Floor during meals is responsible for updating white board every shift.
- Snacks are to be passed out upon delivery.
- Fresh ice water is to be passed out every shift.
- Report to dinning room and TA before trays are called.
- Always make sure your charge nurse knows when you leave the floor.
- Make sure all residents are in there proper dinning areas during all meals.
- Everyone is responsible to take their residents to proper dinning areas

Daily Showers

Room #	CNA Initial
14A	<u>KDE</u>
18A	<u>SH-P</u>
25A	<u>D.S</u>
210B	<u>Refused</u>

Intake and Output

Room #	Intake	Output
1B	480	1000 ✓
2A	360	250
3B	480	X3 ✓
4B	360	X3 ✓
5A	600	X3 ✓
5B	360	X3 ✓
10A	600	X3 ✓
10B	360	200 ✓
7A	240	500 ✓
9B	360	500 ✓
8A	360	0 ✓
18A	360	X3 ✓
18B	120	X2 ✓
19A	120	X1 ✓
19B	480	X2 ✓
20A	600	X2 ✓
20B	480	X3 ✓
22B	1000	1350 ✓
24A	480	X4 ✓

24B 240 X2
 26A 480 X3

741

F

Daily Assignment Sheet

STATION: 1

Shift: AM

Date: 8/7/16

Nurse: (Front) James O.

(Back) Diane O. Ashley

CNA Groups:

1. ¹⁰¹⁵Manuel 1A-5A
SNACKS

2. ¹⁰⁴⁵Sarah 5B-10A

3. ⁹⁴⁵Rachael 10B-14C

4. ¹⁰⁴⁵Isabelle 15A-18A

5. ⁹⁴⁵Alma 18B-22A

6. ¹⁰¹⁵Joshua 24A-26B

CNA Meal Assignment

1. Dinning Room Jashua
2. T/A(1&2)Dinning Room Isabelle (IV)
3. Floor Alma (X)
4. Trays Sarah (X)
5. Trays Rachael
6. Trays & Floor Manuel

Attention ALL CNAS

- Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
- CNA on Floor during meals is responsible for updating white board every shift.
- Snacks are to be passed out upon delivery.
- Fresh ice water is to be passed out every shift.
- Report to dinning room and TA before trays are called.
- Always make sure your charge nurse knows when you leave the floor.
- Make sure all residents are in there proper dinning areas during all meals.
- Everyone is responsible to take their residents to proper dinning areas

Daily Showers

[illegible]

Intake and Output

Room #	Intake	Output
1A	780	X 2
1B	960	X 2
3B	720	X 3
4B	700	X 2
5A	960	X 2
5B	600	X 4
6A	1560	X 1
6B	600	X 1000
7	600	X 1050
8	800	X 2
9B	480	X 1875
18A	840	X 3
18B	840	X 3
19A	1000 1020	X 3
19B	1060	X 4
20A	900	X 3

20B 1440x3
22 1320x650
24B 640x4

Daily Assignment Sheet

STATION: 1 Shift: PM Date: 8/8/16Nurse: (Front) Hilda (Back) Janne

CNA Groups:

1. Jeremy 2. Maria 3. Deyadi 4. Raymonds 6. NOC = ROSA
1A-7 8-14C 15A-19B 20A-26B
6:30 6:15 6:45 5:45

CNA Meal Assignment

1. Dinning Room Rosemary
2. T/A(1&2)Dinning Room Deyadi
3. Floor Jeremy
4. Trays Maria
5. Trays Raymond
6. Trays & Floor

Attention ALL CNAS

- Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
- CNA on Floor during meals is responsible for updating white board every shift.
- Snacks are to be passed out upon delivery.
- Fresh ice water is to be passed out every shift.
- Report to dinning room and TA before trays are called.
- Always make sure your charge nurse knows when you leave the floor.
- Make sure all residents are in there proper dinning areas during all meals.
- Everyone is responsible to take their residents to proper dinning areas

Daily Showers

	Room #	CNA Initial
1	1B	SA/A
2	22	SA/A
3	24A	KZ
4	25B	Therapy

Intake and Output

Room #	Intake	Output
1A	480	X2 ✓
1B	480	X4 ✓
3B	360	X2 ✓
4B	360	X2 ✓
5A	600	X3 ✓
5B	480	X3 ✓
6A	480	X3 ✓
6B	480	225 ✓
7	840	400 ✓
8	240	X1 ✓
9B	240	50cc ✓
18A	480	X1 ✓
18B	360	X1 ✓
19A	600	X4 ✓
19B	360	X2 ✓
20A	480	X2 ✓
23B	480	X1 ✓
20B	360	X2 ✓
21	600	X2 ✓

743

H

Daily Assignment Sheet

STATION: 1Shift: AMDate: 8/9/16Nurse: (Front) Veronica V.(Back) Diane O.

CNA Groups:

1. Adrianna ^{10/15} Manuel ^{10/15} Adrianna ^{10/15} Maria ^{10/15} 4. Alma ^{9/45} 5. Phil ^{10/15} 6. ACT
1A-5B 6A-12A 12B-17A 17B-21 22-26B

CNA Meal Assignment

1. Dinning Room Maria ^M
2. T/A(1&2)Dinning Room Alma ^(M)
3. Floor Manuel ^{MF}
4. Trays Adrianna ^{AB}
5. Trays Alma
6. Trays & Floor Phil ^{PL}

Attention ALL CNAS

- Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
- CNA on Floor during meals is responsible for updating white board every shift.
- Snacks are to be passed out upon delivery.
- Fresh ice water is to be passed out every shift.
- Report to dinning room and TA before trays are called.
- Always make sure your charge nurse knows when you leave the floor.
- Make sure all residents are in there proper dinning areas during all meals.
- Everyone is responsible to take their residents to proper dinning areas

Daily Showers

Room #	CNA Initial	
1A	MF	1
3A	MF	
4B		2
8	AB	
11B	Empty	3
12C	MS	
14C	W	4
16A	PT	
17B	PT	5
19A	PL	
20B	Alma	
26A	refused PL	

Intake and Output

Room #	Intake	Output
1A	960	x2
1B	960	x3
3B		x2
4B	960	x2
5A	960	x2
5B	840	x2
6A	960	5300cc
6B	960	500cc
7		
8	240	x3
9B	480	x2
18A	1020	x4
18B	900	x2
19A	720	x2
23B	540	x1
24B	840	x2

18A NPO after 7AM appt @ 10AM have ready by 09:30

5 CNA's 1A-5A 5B-11A 11B-16A 16B-20B 21A-26B
 4 CNA's 1A-6A 6B-14A Daily Assignment Sheet 20A-26B

STATION: 1

Shift: AM

Date: August 10, 2016

Nurse: (Front) Veronica

(Back) Jeanne

CNA Groups:

DIA-5A

5B-12A

12C-14A

14B-19B

21A-26B

1. Adrienne

Sarah

3. Maria

4. Isabelle

5. Lina

6. Phillip

1045

1045

945

1045

945

1045

CNA Meal Assignment

1. Dinning Room Sarah
 2. T/A(1&2) Dinning Room Lina
 3. Floor Maria M)
 4. Trays Isabelle & Phillip
 5. Trays Adrienne Anna AB
 6. Trays & Floor Phillip PL
- snacks: Phillip PL
 ACT: Adrienne Anna

Attention ALL CNAS

- Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
- CNA on Floor during meals is responsible for updating white board every shift.
- Snacks are to be passed out upon delivery.
- Fresh ice water is to be passed out every shift.
- Report to dinning room and TA before trays are called.
- Always make sure your charge nurse knows when you leave the floor.
- Make sure all residents are in there proper dinning areas during all meals.
- Everyone is responsible to take their residents to proper dinning areas

Daily Showers

Room #	CNA Initial
2A	Refused
3B	AB
7	EMPTY
16B	ES
9A	EMPTY
10B	MS
15A	MS
16A	MS
16B	MS
19B	LM
21	LM
23B	ROCKWELL
	PM Shower

Intake and Output

Room #	Intake	Output
1A	960	X2
1B	600	X4
3B	1600	X3
4B	240	X2
5A	480	X4
5B	480	X4
16A	600	X3
16B	480	600
7	Empty	
8	80	X2
9B	480	750
18A	NPO	X1
18B	360	X2
4A		
19A	480	X3
23B	480	X3
24B	720	X3
2A		

745

Daily Assignment Sheet

STATION: iShift: PMDate: 8/11/16Nurse: (Front) James(Back) Veronica

CNA Groups:

4-8 Rosemary

1. Priscilla 2. Maria 3. Irene 4. Betty 5. _____ 6. _____
1A-6A 6B-14A 14B-19B 20A-26B
6:15 6:30 5:45 6:45

CNA Meal Assignment	Attention ALL CNAS
1. Dinning Room <u>Rosemary</u>	<ul style="list-style-type: none"> Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM. CNA on Floor during meals is responsible for updating white board every shift. Snacks are to be passed out upon delivery. Fresh ice water is to be passed out every shift. Report to dinning room and TA before trays are called. Always make sure your charge nurse knows when you leave the floor. Make sure all residents are in there proper dinning areas during all meals. Everyone is responsible to take their residents to proper dinning areas
2. T/A(1&2)Dinning Room <u>Betty</u>	
3. Floor <u>Irene</u>	
4. Trays <u>Maria</u>	
5. Trays _____	
6. Trays & Floor <u>Priscilla</u>	

Daily Showers

Room #	CNA Initial
18	<u>Done by PT</u>
22	<u>SA MD</u>
24A	<u>St student</u>
25B	<u>discharged</u>

Intake and Output

Room #	Intake	Output
1A	<u>240</u>	<u>240</u> x3
1B	<u>240</u>	<u>300cc</u>
3B	<u>240</u>	<u>x2</u>
2A	<u>360</u>	<u>x2</u>
4A	<u>240</u>	<u>x3</u>
4B	<u>360</u>	<u>x4</u>
5A	<u>480</u>	<u>x3</u>
5B	<u>240</u>	<u>x4</u>
6A	<u>240</u>	<u>x3</u>
6B	<u>240</u>	<u>250cc</u>
7	<u>480</u>	<u>x2</u>
8	<u>120</u>	<u>x1</u>
9B	<u>240</u>	<u>150cc</u>
14A	<u>480</u>	<u>x2</u>
18B	<u>120</u>	<u>x2</u>
19A	<u>360</u>	<u>x1</u>

23B 500 x4
 24B 480 x3
 26A 600 x3

Daily Assignment Sheet

STATION: 1Shift: AMDate: 8-12-16Nurse: (Front) Hilda(Back) Diane

CNA Groups:

1. Manuel 2. Sarah 3. Rachel 4. Sabelle 5. Alma 6. Josh
1A-4B 5A-10A 10B-14C 15A-18A 18B-21 22-24B
1015 945 1015 945 1045 1045

CNA Meal Assignment

1. Dinning Room Sabelle
2. T/A(1&2) Dinning Room Josh
3. Floor Sarah
4. Trays Alma
5. Trays Manuel
6. Trays & Floor Rachel

Attention ALL CNAS

- Make sure skin is checked daily, skin sheets filled out and signed by charge nurse before 10:00 AM.
- CNA on Floor during meals is responsible for updating white board every shift.
- Snacks are to be passed out upon delivery.
- Fresh ice water is to be passed out every shift.
- Report to dinning room and TA before trays are called.
- Always make sure your charge nurse knows when you leave the floor.
- Make sure all residents are in there proper dinning areas during all meals.
- Everyone is responsible to take their residents to proper dinning areas

Daily Showers

Room #	CNA Initial
1A	MF
2A	MF
4B	SS
8	SS
11B	RM
12C	RM
14C	Ref
16A	(iv)
17B	KT
19A	KT
20B	SS
24A	SS

Intake and Output

Room #	Intake	Output
1A	960	x2
1B	940	x2
2A	960	x2
3B	660	x2
4A	240	x1
4B	720	x2
5A	720	x4
5B	720	x4
6A	960	x4
6B	180	x5
7	960	x3
8	1470	x3
9B	720	315
18A	840	x3
18B	240	x2
19A	780	x2

23B 840 x2
 24B 720 x2
 26A 960 x2

747

ACKNOWLEDGEMENT:

Every effort has been made to identify the essential functions of this position. However, this in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from this position.

I have read this job description and fully understand the requirements. I understand that proprietary information remains the property of the company and confidential information must remain within the confines of the company during and after employment. I hereby accept the position of Charge Nurse and agree to perform this position in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, burn, infections diseases, air contaminants (including tobacco smoke), hazardous chemicals, and to the Hepatitis B virus, and that I will be responsible for following company policies and procedures when in contact with any of the situations described above.

I understand that my employment is at will. My employment is for no definite or determinable period and may be terminated at any time with or without prior notice at the option of either myself or the company. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the facility Administrator.

Abel Gonzalez

Employee

7-18-16

Date

Shirley Smith m/jan

Supervisor

7-18-16

Date

Day:

Tuesday

Date:

April 7, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Angel Gancenina RN	Front: Abel Gonzales LVN	Front: Sofia Pineda LVN
Back: Kulsum Hussain LVN	Back: Amanda Hanson LVN	Back: Kellyn Shuster LVN
	Treatment Nurse: Staci Silicato LVN	
CNA	CNA	CNA
Group 1 Angel Thompson	Cecilia Carabay	Rebecca Gonzalez
Group 2 Sarah Garcia	Guadalupe Hernandez	Monica Romero
Group 3 Phil Miska	Lina Hernandez	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Maria Santillan
Group 5 Monica Gonzales	Patricia Quevedo	Maria Saldana
Group 6 Martha Rivera	Celeste Tapia	Ana Rosales

Coliott Collins XC10

RNA	MDS	Extra
Sheryl Rivera	Celena Oneal LVN	Scott Diane LVN
Judy Villareal	Marjolin Lopez LVN	Isabel Padmorn
Catrina Jimenez	Veronica Garcia	

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: Lupe Ramos LVN	4-9 nurse: Vince Peters LVN	
CNA	CNA	CNA
Group 1 Marissa Valdez	Tawny Mahan	Shandra Valencia
Group 2 Maria Ponce	Eetong Saesec	<u>Alyssa Solano</u>
Group 3 Raymond Zamora	<u>Lucy Mendoza</u>	Irene Ontiveroz
Group 4 Jose Castellanos	Unique Sims	Rachel Oseguera
Group 5		
4:00-8:00 PM <u>Teresa Jimenez</u> <u>CH</u>	4:00-8:00 PM-	4:00-800 PM- Jessica Rojas

Noc Shift

Station 1	Station 2	Station 3
Jocelyne Colin RN	Michelle Tello LVN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Ana Pena	Gina Aguirre	Elijah Rodriguez
Group 2 Tina Castellano	Karley Alcantar	Eesen See
Group 3		
	Float:	

License Nurse 160 + CNA 3045 = Total Hours 4104.5 / Census: 135 = PPD 3411

749

E
12

Day: WednesdayDate: April 8, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Francisco Corvera LVN	Front: Maria Santillan LVN	Front: Sofia Pineda LVN
Back: Kulsum Hussain LVN	Back: Gary Lopez LVN	Back: Marissa Torres RN
	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Anita Pacheco
Group 2 Sarah Garcia	<i>Marta Ortega</i>	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Gina Pauls
Group 5 Sarah Johnson	Alma Torres	Maria Saldana
Group 6 <i>Guadalupe Hernandez</i> <i>Coliott Collins</i> C/O	Celeste Tapia	Ashley McAuliffe <i>aut@130</i>

RNA	MDS	Extra
Judy Villareal	<i>Celena Oneal LVN</i>	Diane Scott LVN
Catrina Jimenez	<i>Marilyn Lopez LVN</i>	Isabel Palomo RN
Patricia Quevedo	<i>Veronica Garcia</i>	Priscilla Medina LVN <i>11.5</i>

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: Lupe Ramos LVN	4-9 nurse:	
CNA	CNA	CNA
Group 1 Raymond Zamora	Tawny Mahan	<i>Alyssa Soleno</i>
Group 2 Marissa Valdez	Eetong Saesee	Shorh Balang
Group 3 Jeremy Tompkins	Oscar Zavala	Denise Aguilera 4-10
Group 4 Jose Castellanos	Unique Sims	Rachel Oseguera
Group 5		
4:00-8:00 PM- <i>Art Alcantar</i>	4:00-8:00 PM-	4:00-8:00 PM- <i>Teresa Jimenez</i> C/O

Noc Shift

Station 1	Station 2	Station 3
<i>Rosa Lewis RN</i> <i>Jorelyne RN</i>	Michelle Tello LVN	<i>Yeni b-lam AMANDA @ 1AM</i>
CNA	CNA	CNA
Group 1 Tina Castellano	Karley Alcantar	Eesen See
Group 2 Elida Notaricola	Pal Kaur	Jennifer Rodrigues
Group 3		
	Float:	

License Nurse 103 + CNA 302.5 = Total Hours 405.5 Census: 130 = PPD 342

Day: ThursdayDate: April 9, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Veronica Vasquez LVN	Front: Staci Silicato LVN	Front: Sofia Pineda LVN
Back: <u>JEANNE CHA</u>	Back: Gary Lopez LVN	Back: Marissa Torres RN
	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Anita Pacheco
Group 2 Sarah Garcia	Collett Collins	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	Reatha Gadsden
Group 4 Isabelle Vasquez	Prisilla Howser	Gina Pauls
Group 5 Marta Ortega	Alma Torres	Maria Saldana
Group 6 Guadalupe Hernandez	Celeste Tapia	Ashley McAuliffe

RNA	MDS	Extra
Judy Villareal	Celena Oneal LVN	Isabel Palomo RN
Petra Molina	Marylin Lopez LVN	Diane Scott LVN
Catrina Jimenez	Veronica Garcia	
		<u>AMANDA H 6AM-1PM</u>

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: Kulsum Hussain lvn	4-9 nurse: Charla Rising LVN	
CNA	CNA	CNA
Group 1 Marissa Valdez	Eetong Saesee	<u>Denise Aquilera</u>
Group 2 Sarah Johnson	Macie Garcia	Shorh Balang
Group 3 Jeremy Tompkins	Betty Trujillo	Dawn Forester
Group 4 Jose Castellanos	Oscar Zavala	Rachel Oseguera
Group 5		
4:00-8:00 PM- Teresa Jimenez	4:00-8:00 PM- Michael Ortiz	4:00-800 PM-

Noc Shift

Station 1	Station 2	Station 3
Rosa Lewis RN	Michelle Tello LVN	Amber Marshall RN
CNA	CNA	CNA
Group 1 Tina Castellnao	Karley Alcantar	Eesen See
Group 2 Elida Notaricola	Pal Kaur	Jennifer Rodrigues
Group 3 Maria Garcia		
	Float:	

License Nurse 1565 + CNA 316 = Total Hours 472.5 / Census: 136 = PPD 3.5

Day: FridayDate: April 10, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Eesin Seechan RN	Front: Abel Gonzales LVN	Front: Staci Silicato LVN
Back: Charla Rising LVN	Back: Gary Lopez LVN	Back: Marissa Torres RN
	Treatment Nurse: Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Cecilia Carabay	Rebecca Gonzalez
Group 2 Angel Thompson	Alejandra Tolentino	Anita Pacheco
Group 3 Manuel Fernandez	Lina Hernandez	Gina Pauls
Group 4 Phil Miska	Sharnal Daniels	Jackie Freeman
Group 5 Sarah Johnson	Alma Torres	Margarita Quintero
Group 6 Martha Rivera	Monica Gonzales	Ashley McAuliffe

Marta Ortega

RNA	MDS	Extra
Sheryl Rivera	Celena Oneal LVN	Diane Scott LVN
Petra Molina	Marylin Lopez LVN	Isabel Palomo RN \emptyset
Patricia Quevedo	Veronica Garcia	

PM Shift

4-9 Jeanne Cha

Station 1	Station 2	Station 3
Medicare Nures: Lupe Ramos LVN	4-9 nurse: <u>Sofia Pineda LVN</u>	
CNA	CNA	CNA
Group 1 Raymond Zamora	Eetong Saesee	Shandra Valencia
Group 2 Maria Ponce	Macie Garica	Shorh Balang
Group 3 Jeremy Tompkins	Betty Trujillo	Irene Ontiveroz
Group 4 Lu Vang	Ana Rosales	Alyssa Soleno
Group 5		
4:00-8:00 PM- Art Alcantar	4:00-8:00 PM- Michael Ortiz	4:00-800 PM- <u>Terese J</u>

Noc Shift

Station 1	Station 2	Station 3
Rosa Lewis RN	Nathan Grant LVN	Amber Marshall RN
CNA	CNA	CNA
Group 1 Ana Pena	Gina Aguirre	Elijah Rodriguez
Group 2 Maria Garcia	Pal Kaur	Jennifer Rodriguez
Group 3 Kapu Saesee <u>Bessie</u>		
	Float:	

License Nurse 148.5 + CNA 223.5 = Total Hours 472 / Census: 134 = PPD 3.52

Day: SaturdayDate: Apr. 11, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Eesin Seechan RN	Front: Abel Gonzlaes LVN	Front: Vince Peters LVN
Back: Charla Rising LVN	Back: Napha See RN	Back: Kellyn Shuster LVN
<i>Kulsum 6-10</i>	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Cecilia Carabay <i>+5</i>	Rebecca Gonzalez
Group 2 Angel Thompson	Alejandra Tolentino <i>+5</i>	Anita Pacheco
Group 3 Manuel Fernandez	Margarita Quintero <i>+5</i>	Gina Pauls <i>+5</i>
Group 4 Phil Miska	Sharnal Daniels <i>+5</i>	Monica Romero 6-10
Group 5 Sarah Johnson	Alma Torres	Art Alcantar
Group 6 Martha Rivera	Monica Gonzlaes	Ashley McAuliffe <i>+5</i>

Sarah Garcia

RNA	MDS	Extra
Sheryl Rivera		
Petra Molina <i>+5</i>		
Patricia Quevedo		

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: Lupe Ramos LVN	<i>5-10</i> nurse: Ron Ericson RN	<i>Jeanne Cha LVN 3-8</i>
CNA	CNA	CNA
Group 1 Maria <i>+5</i>	Tawny	<i>Dawn</i> (Shandra) <i>C/I</i>
Group 2 Oscar	Macie <i>+5</i>	Shorh <i>+5</i>
Group 3 Jeremy <i>+5</i>	Betty	Irene
Group 4 Teresa Jimenez	Unique	Rachel
Group 5 <i>DAWN (station 1)</i>		
4:00-8:00 PM- Michael Ortiz	4:00-8:00 PM-	4:00-800 PM- Alyssa Soleno

Noc Shift

Station 1	Station 2	Station 3
Kendra Bennett RN	Maria Santillan LVN	Nathan Grant LVN
CNA	CNA	CNA
Group 1 Ana	Gina	Elijah
Group 2 Elida	Pal	Jennifer
Group 3 Maria		
	Float:	

License Nurse 1285 + CNA 317.5 = Total Hours 446 / Census: 130 = PPD 3.43

Day: SundayDate: Apr 12, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Eesin Seechan RN	Front: Abel Gonzlaes LVN	Front: <u>James Omella LVN</u>
Back: <u>Charla Rising LVN</u>	Back: Napha See RN	Back: Francisco Corvera LVN
	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Angel Thompson	Cecilia Carabay	Rebecca Gonzalez
Group 2 Sarah Garcia	Guadalupe Hernandez	Monica Romero
Group 3 Isabelle Vasquez	Jackie Freeman <u>+5</u>	Reatha Gadsden
Group 4 Phil Miska	Priscilla Howser	<u>Patricia Quevedo</u> C/S <u>Sim</u>
Group 5 Monica Gonzales	<u>Margurtha Q +5</u>	Maria Saldana
Group 6 Alejandra Tolentino <u>+5</u>	Celeste Tapia	<u>Ashley McAdams</u>
<u>Martha R 14</u>		<u>Sharon, LO-9</u>
RNA	MDS	Extra
Sheryl Rivera		<u>Vinice Peters 11.5</u>
Judy		
Catrina		

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: <u>Lupe Ramos LNV</u> <u>5-10</u>	nurse: Ron Eriscon RN	
CNA	CNA	CNA
Group 1 Maria <u>+5</u>	Tawny	Shandra
Group 2 Marissa	Macie <u>+5</u>	<u>Dawn</u>
Group 3 Lu Vang <u>+5</u>	Betty	Irene
Group 4 Jose	Unique	Rachel Oseguera
Group 5 <u>Raymond Zamora +5</u>		
4:00-8:00 PM- Teresa Jimenez/ <u>Bernice Ortiz</u>	4:00-8:00 PM- Michael Ortiz	4:00-800 PM- Alyssa Soleno

Noc Shift

Station 1	Station 2	Station 3
Kendra Bennett RN	Amber Marshall RN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Ana	Gina	Elijah
Group 2 Tina	Karley	Eesen
Group 3 Maria		
	Float: Kapu	

License Nurse 136 +CNA 334 =Total Hours 470 / Census: 131 =PPD 3.58

Day: MondayDate: Apr. 13, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Angel Gancenian RN	Front: Maria Santillan LVN	Front: Vince Peters LVN
Back: Christi Shipman LVN	Back: Napha See RN	Back: Francisco Corvera LVN
	Treatment Nurse: Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Angel	Cecilia	Rebecca
Group 2 Sarah	Guadalupe	Monica R <i>all</i>
Group 3 Phil	Lina	Reatha
Group 4 Isabelle <i>out @ 12</i>	Priscilla	Jackie Freeman
Group 5 Monica G	Patricia	Maria Saldana
Group 6 martha	Celeste	Ana

Collett Collins *Station 3*

RNA	MDS	Extra
Sheryl	Celena	Diane
Judy	Marylin	Isabel
Petra Molina	Veronica <i>X/H</i>	

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: Lupe Ramos LVN	4-9 nurse: Michlle Tello LVN	Eesin Seechan RN <i>X/D</i>
CNA	CNA	CNA
Group 1 Maria	Tawny	Shandra
Group 2 Marissa	Ectong	Irene
Group 3 Denise	Raymond Zamora	Dawn
Group 4 Jose	Unique	Rachel
Group 5		
4:00-8:00 PM- Teresa J	4:00-8:00 PM-	4:00-800 PM-

Noc Shift

Priscilla Medina LVN

Station 1	Station 2	Station 3
Rosa Lewis RN	Joceylne Colin RN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Ana	Gina	Elijah
Group 2 Tina	Karley	Eesen
Group 3 Kapu		
	Float:	

License Nurse 162 + CNA 294 = Total Hours 402 / Census: 133 = PPD 347

Day: TuesdayDate: April 14, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Angel Gancenian RN	Front: Maria Santillan LVN	Front: Sofia Pineda LVN
Back: Kulsum Hussain LVN	Back: Christi Shipman LVN	Back: Staci Silicato LVN
	Treatment Nurse: "o" Karah Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Anita Pacheco
Group 2 Sarah Garcia	Collett Collins	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Gina Pauls
Group 5 Sarah Johnson	<u>Alma Torres</u> CT	Maria Saldana
Group 6 Guadalupe Hernandez	Celeste Tapia	Ashley McAuliffe

RNA	MDS	Extra
Judy Villareal	<u>Celena Oneal LVN</u> JID	Diane Scott LVN
Petra Molina	Marylin Lopez LVN	Isabel Palomo RN
Catrina Jimenez	Veronica Garcia	

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: Lupe Ramos LVN	4-9 nurse: Vince Peters LVN	
CNA	CNA	CNA
Group 1 <u>Teresa J 4-11</u>	Tawny Mahan	Shorh Balang
Group 2 Marissa Valdez	Eetong Saesee	Lucy Mendoza
Group 3 Jeremy Tompkins	Oscar Zavala	Rachel Oseguera
Group 4 Jose Castellanos	Unique Sims	<u>Alyssa Salino</u>
Group 5		
4:00-8:00 PM-	4:00-8:00 PM- Art Alcantar	4:00-800 PM-

Noc Shift

Priscilla Medina LVN (st 3)

Station 1	Station 2	Station 3
Joceylne Colin RN o'kellyn	Michelle Tello LVN	<u>Bianca DeGiorgio RN</u> X10
CNA	CNA	CNA
Group 1 Tina Castellano "D" Teresa	Karley Alcantar	Eesen See
Group 2 Elida Notaricola	Pal Kaur	<u>Elijah Rodriguez</u>
Group 3		<u>Kary</u> "2" Roque
	Float:	

License Nurse 171.5 + CNA 310.5 = Total Hours 482 / Census: 134 = PPD 3.51

Day: WednesdayDate: April 15, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Angel Gancenian RN	Front: <u>Maria Santillan LVN</u> <i>8:15</i>	Front: Sofia Pineda LVN
Back: Kulsum Hussain LVN	Back: Gary Lopez LVN 'o'kara	Back: Amanda Hanson LVN
	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Anita Pacheco <i>out @ 10am</i>
Group 2 Sarah Garcia	Guadalupe Hernandez <i>out @ 10</i>	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Gina Pauls
Group 5 Sarah Johnson	ALMA TORRES	Maria Saldana
Group 6 Collett Collins <i>out @ 10am</i>	Celeste Tapia	Ashley McAuliffe

RNA	MDS	Extra
Judy Villareal <i>out @ 1</i>	Celena Oneal LVN	Diane Scott LVN
Petra Molina	Marylin Lopez LVN	Isabel Palomo RN
Catrina Jimenez	Veronica Garcia	
		Esmeralda Ramos LVN

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: Lupe Ramos LVN	4-9 nurse:	
CNA	CNA	CNA
Group 1 Raymond Zamora	Eetong Saesee	Rachel Oseguera
Group 2 Denise Aguilera	Macie Garcia	Shorh Balang
Group 3 Jeremy Tompkins	Betty Trujillo	<i>Alyssa Solano</i>
Group 4 Jose Castellanos	Oscar Zavala	Jennifer Rodrigues
Group 5		
4:00-8:00 PM- Teresa Jimenez	4:00-8:00 PM- Michael Ortiz	4:00-8:00 PM- <i>7</i>

Noc Shift

Station 1	Station 2	Station 3
Rosa Lewis RN 'o' Kellyn <i>10</i>	Michelle Tello LVN	Jocelyne Colin RN
CNA	CNA	CNA
Group 1 Tina Castellano 'o' Roque	Karley Alcantar	Eesen See
Group 2 Elida Notaricola	Pal Kaur 'o' Teresa	Maria Garcia
Group 3		
	Float:	

License Nurse 194 + CNA 312 = Total Hours 506 / Census: 133 = PPD 3.8

Day: ThursdayDate: April 16, 2015

AM Shift

Station 1	Station 2	Station 3
Front: James Ornerlas LVN	Front: Staci Silicato LVN	Front: Soifa Pineda LVN
Back: Veronica Vasquez LVN	Back: Gary Lopez LVN	Back: Marissa Torres RN
	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Amber Branham <i>10:00am</i>	Cecilia Carabay	<i>Rebecca Gonzalez</i>
Group 2 Angel Thompson	Alejandra Tolentino	Anita Pacheco
Group 3 Manuel Fernandez	Lina Hernandez <i>10:00am</i>	Gina Pauls <i>10:00am</i>
Group 4 Phil Miska	Sharnal Daniels <i>Out @ 12</i>	Marta Ortega
Group 5 Sarah Johnson	Alma Torres	<i>Monica Romero</i>
Group 6 Martha Rivera	Monica Gozales	Ana Rosales

RNA	MDS	Extra
Petra Molina	Celena Oneal LVN	Diane Scott LVN
Patricia Quevedo	Marylin Lopez LVN	Isabel Palomo RN
<i>Sheryl Rivera</i>	Veronica Garcia	
		Esmeralda Ramos LVN

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: Chrisit Shipman lvn <i>8</i>	4-9 nurse: Charla Rising LVN	
CNA	CNA	CNA
Group 1 Raymond Zamora	Eetong Saesee	Shandra Valencia
Group 2 Maria Ponce	Macie Garcia	Shorh Balang <i>Denise</i>
Group 3 Jeremy Tompkins 'o'rebeka	Betty Trujillo	Irene Ontiveroz
Group 4 Art Alcantar 2-8	Oscar Zavala	Dawn Forester
Group 5		
4:00-8:00 PM- Michael Ortiz	4:00-8:00 PM-	4:00-800 PM-

Noc Shift

Station 1	Station 2	Station 3
Rosa Lewis RN	Michelle Tello LVN 'o' kellyn	Nathan Grant LVN
CNA	CNA	CNA
Group 1 Ana Pena	Gina Aguirre 'o' roque	Elijah Rodriguez
Group 2 Elida Notaricola	Pal Kaur 'o' teresa	Maria Garcia
Group 3		
	Float:	

License Nurse 176 + CNA 315 = Total Hours 491 / Census: 134 = PPD 3.66

Day: FridayDate: April 17, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Eesin Seechan RN	Front: Abel Gonzales LVN	Front: Staci Silicato LVN
Back: <u>Yennita Vasquez LVN</u>	Back: Gary Lopez LVN o'lily	Back: Marissa Torres RN
	Treatment Nurse: Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Cecilia Carabay	Rebecca Gonzalez
Group 2 Angel Thompson	Alejandra Tolentino	Catrina Jimenez
Group 3 Manuel Fernandez <u>o'10am</u>	Lina Hernandez	Gina Pauls
Group 4 Phil Miksa	Sharnal Daniels	
Group 5 Sarah Johnson	Alma Torres <u>o'10am</u>	Margarita Quintero
Group 6 Martha Rivera	Monica Gonzlaes	Ana Rosales

RNA	MDS	Extra
Sheryl Rivera <u>o'1pm</u>	Celena Oneal LVN	Diane Scott LVN
Petra Molina	<u>Marylin Lopez LVN</u> <u>OFF</u>	Isabel Palomo RN
Patricia Quevedo	Veroncia Garcia	

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: <u>Charla Rising LVN</u> <u>8</u>	<u>James Ornelas</u> <u>5-10</u>	
CNA	CNA	CNA
Group 1 Maria Ponce	Tawny Mahan	Shandra Valencia
Group 2 Raymond Zamora	Macie Garcia	Shorh Balang
Group 3 Jeremy Tompkins o'rebeka	Betty Trujillo	Irene Ontiveroz
Group 4 Lu Vang	Lucy Mendoza	Jennifer Rodrigues
Group 5		
4:00-8:00 PM-	4:00-8:00 PM- Michael Ortiz	4:00-800 PM-

Noc Shift

Station 1	Station 2	Station 3
Nathan Grant LVN	Denise Kaundart LVN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Ana Pena	Gina Aguirre o'roque	Elijah Rodriguez
Group 2 Elida Notaricola	Pal Kaur	Maria Garcia
Group 3 Unique Sims		
	Float:	

License Nurse 159.5 + CNA 313.5 = Total Hours 473 / Census: 132 = PPD 358

Day: SatDate: April 18, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Eesen Seechan RN	Front: Abel Gonzales LVN	Front: Vince Peters LVN
Back: Charla Rising LVN	Back: Napha Sec RN	Back: Francisco Corvera LVN
	Treatment Nurse: Nancy Lopez LVN <u>W12</u>	
CNA	CNA	CNA
Group 1 Angel Thompson	Cecilia Carabay <u>W10/11</u>	Rebecca Gonzalez
Group 2 Sarah Garcia	Guadalupe Hernandez	Monica Romero
Group 3 Phil Miksa <u>W12</u>	Lina Hernandez	Reatha Gadsden
Group 4 Isabelle Vasquez <u>W12</u>	Priscilla Gutierrez	Jackie Freeman <u>W10/11</u>
Group 5 Monica Gonzlaes	Patricia Quevedo	Maria Saldana
Group 6 Martha Rivera	Celeste Tapia	Ana Rosales

Art Alcantar	Marta Ortega	Margarita Q
RNA	MDS	Extra
Sheryl Rivera		Linda Heigman 6-11
Judy Villareal		
Catrina Jimenez		

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: Lupe Ramos LVN	5-10 nurse: Ron Ericson RN	
CNA	CNA	CNA
Group 1 Marissa Valdez	Tawny Mahan	Shandra Valencia
Group 2 Maria Ponce	Macie Garcia	Rachel Oseguera
Group 3 Jose Castellano	Betty Trujillo	Irene Ontiveroz
Group 4 Lu Vang'o'rebeka	<u>Oscar Zavala</u>	<u>Teresa Jimenez</u>
Group 5		
4:00-8:00 PM- <u>Teresa Jimenez</u>	4:00-8:00 PM- Michael Ortiz	4:00-800 PM- Lorian Miller

Noc Shift

Station 1	Station 2	Station 3
Amber Marshall RN	Denise Kaundart LVN	Amanda Hanson LVN
CNA	CNA	CNA
Group 1 Ana Pena	Karley Alcantar	Elijah Rodriguez
Group 2 Tina Castellnaos	Gina Aguirre	<u>Eesen See</u> <u>C/I</u>
Group 3 Maria Garcia	Unique Sims	
	Float:	

License Nurse 1245 + CNA 350.5 = Total Hours 475.5 / Census: 131 = PPD 3.62

Day: SunDate: April 19, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Eesein Secchan RN	Front: Abel Gonzales LVN	Front: Vince Peters LVN
Back: Charla Rising LVN	Back: Napha See RN	Back: Kellyn Shuster LVN
	Treatment Nurse: Nancy Lopez LVN	
CNA	CNA	CNA
Group 1 Angel Tompson	Cecilia Carabay	Rebecca Gonzalez
Group 2 Sarah Garcia	Guadalupe Hernandez	Patricia Quevedo
Group 3 Phil Miska	<u>Lina Hernandez</u> CH	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Jackie Freeman
Group 5 Monica Goznamez	Alejandra Tolentino	Maria Saldana
Group 6 Martha Rivera	Celeste Tapia	Ana Rosales

Marta Ortega

Margarita Q

RNA	MDS	Extra
Sheryl Rivera		
Judy Villareal		
Catrina Jimenez		

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: Lupe Ramos LVN	5-10 nurse: Ron Ericson RN	
CNA	CNA	CNA
Group 1 Marissa Valdez	Tawny Mahan	Shandra Valencia
Group 2 Maria Ponce	Eetong Saesee <u>late</u>	Rachel Oseguera
Group 3 Jose Castellanos	Dawn Forester	Irene Ontiveroz
Group 4 Lu Vang 'o'rebeka	<u>Betty Trujillo</u>	Jimmy Ronquillo 2-8
Group 5		
4:00-8:00 PM- Teresa Jimenez	4:00-8:00 PM-	4:00-800 PM-

Noc Shift

Station 1	Station 2	Station 3
<u>Nathan</u> Densie Kaundart LVN 'o'lily	Amanda Hanson LVN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Ana Pena	Gina Aguirre 'o'terasas	Elijah Rodriguez
Group 2 Tina Castellanos	Karley Alcantar	Eesen See
Group 3 Kapu Saesee		
	Float:	

License Nurse 136 + CNA 3325 = Total Hours 468.5 / Census: 130 = PPD 3.16

Day: MonDate: April 20, 2015

AM Shift

Station 1	Station 2	Station 3
Front: Angel Gancenian RN	Front: Maria Santillan LVN	Front: Vince Peters LVN
Back: Chrisit Shipman LVN	Back: Napha See RN	Back: Kellyn Shuster LVN
	Treatment Nurse: Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Coliott Collins
Group 2 Art Alcantar	Guadalupe Hernandez <i>C/I</i>	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	
Group 4 Isabelle Vasquez	Priscilla Howser	Gina Pauls
Group 5 Sarah Johnson	Alma Torres	Maria Saldana
Group 6	Celeste Tapia <i>(#3)</i>	Maria Santillan <i>C/I</i>

RNA	MDS	Extra
Judy Villareal	Celena Oneal LVN	Diane Scott LVN
Petra Molina	Marylin Lopez LVN <i>OFF</i>	Isabel Palomo RN
Reatha Gadsden	Veronica Garcia	

PM Shift

Station 1	Station 2	Station 3
Medicare Nures: Lupe Ramos LVN	4-9 nurse: Michelle Tello LVN	Eesin Seechan RN 4-9 <i>C/O</i>
CNA	CNA	CNA
Group 1 Denise Aguilera	Tawny Mahan	Shorh Balang
Group 2 Marissa Valdez	Eetong Saesee	Rachel Oseguera
Group 3 Jeremy Tompkins	<i>Maule Garcia C/I</i>	<i>Dawn Forester</i>
Group 4 Jose Castellanos	Oscar Zavala	Jennifer Rodrigues
Group 5		
4:00-8:00 PM- Teresa Jimenez	4:00-8:00 PM-	4:00-800 PM- <i>Raymond Zamora</i>

Noc Shift

(S/I)

Priscilla Medina LVN 'o' lily

Station 1	Station 2	Station 3
Jocelyne Colin RN <i>C/I</i>	Amanda Hanson LVN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Tina Castellanos 'o' teresa	Karley Alcantar	Eesen See
Group 2 Elida Notaricola	Unique Sims	Kapu Saesee 'o' roque
Group 3		
	Float:	

License Nurse 160 + CNA 286 = Total Hours 446 / Census: 130 = PPD 3.43

Day: TuesdayDate: April 21, 2015

AM Shift

Station 1	Station 2	Station 3 <i>CT</i>
Front: Angel Gancenina RN	Front: Maria Santillan LVN	Front: Sofia Pineda LVN <i>since 5</i>
Back: Kulsum Hussain LVN <i>OH W</i>	Back: Christi Shipman LVN	Back: Staci Silicato LVN <i>12K</i>
<i>Seanne 11-1870</i> <i>James Onielis 130 TO</i>	Treatment Nurse: Esmeralda Ramos LVN	
CNA	CNA	CNA
Group 1 Amber Branham	Alejandra Tolentino	Anita Pacheco
Group 2 Sarah Garcia	<i>Lina Hernandez</i>	Monica Romero
Group 3 Manuel Fernandez	Sharnal Daniels	Reatha Gadsden
Group 4 Isabelle Vasquez	Priscilla Howser	Gina Pauls
Group 5 Sarah Johnson	Alma Torres	Maria Saldana
Group 6	Celeste Tapia	Coliett Collins

RNA	MDS	Extra
Judy Villareal	Celena Oneal LVN	Diane Scott LVN
Petra Molina	Marylin Lopez LVN	Isabel Palomo RN
Catrina Jimenez		

PM Shift

Station 1	Station 2 <i>(Vince)</i>	Station 3
Medicare Nures: Lupe Ramos LVN	4-9 nurse: Vince Peters LVN	
CNA	CNA	CNA
Group 1 <i>Raymond Zamora</i>	Eetong Saesec	Shorh Balang
Group 2 Marissa Valdez	Macie Garcia	Rachel Oseguera
Group 3 Jeremy Tompkins	Betty Trujillo	<i>Dawn Forester</i>
Group 4 Jose Casellanos	Oscar Zavala	Jennifer Rodrigues
Group 5		
4:00-8:00 PM- Teresa Jimenez	4:00-8:00 PM- Michael Ortiz	4:00-800 PM- <i>Jessica Rojas</i>

Noc Shift

Station 1	Station 2	Station 3
Jocelyne Colin RN	Michelle Tello LVN	Bianca DeGiorgio RN
CNA	CNA	CNA
Group 1 Tina Castellano o'roque	Karley Alcantar	Eesen See o'teresa
Group 2 Elida Notaricola	<i>Unique Sims</i>	Maria Garcia
Group 3		
	Float:	

License Nurse 163 + CNA 312 = Total Hours 475 / Census: 133 = PPD 351

ON call Rupe 623-1590

PLUM - Westgate Gardens Care Center - Tuesday August 30 2016 - Census: 137

Shift: 3:30a-7:30a

MDS -- Total Assigned 2.0 : Total Required 1.0

House - A:2.0 - R:1.0

Lopez, Nancy

Wheeler, Pamela

Shift: 6a-2p

MDS -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Villarreal, Judy M.

Shift: 6a-2:15p

CNA -- Total Assigned 18.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0

Andres Domingo, Maria

Pooto

St 1 - A:5.0 - R:6.0

Bobadilla, Joshua

Fernandez, Manuel

Garcia, Sarah

Torres, Alma

Vasquez, Isabelle A.

St 2 - A:6.0 - R:6.0

Alcala, Mayanin

Branham, Amber

Howser, Priscilla

Pena Garcia, Ana

Tapia, Celeste

Tapia, Isela

St 3 - A:6.0 - R:6.0

Dever, Jennifer

Gadsden, Reatha J. Mow...

Gainey, Anna

Hernandez, Yadira

Ortega, Marta

Romero, Monica

Shift: 6a-6:30p

Nurse -- Total Assigned 9.0 : Total Required 6.0

Orientation - A:2.0 - R:0.0

Miller, LoriAnn

Sanchez, Savannah

St 1 - A:3.0 - R:2.0

Cha, Jeanne

O Dell, Dulce

Vasquez, Veronica

St 2 - A:2.0 - R:2.0

Smith, Lisa R.

Weddle, Lindsey

St 3 - A:2.0 - R:2.0

Santillan, Maria

Shipman, Christi

Shift: 8:30a-4:30p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rivera Carrillo, Martha L.

Shift: 8:30a-5p

ADON -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

Ramos, Guadalupe

Scott, Linda

J -- Total Assigned 1.0 : Total Required 2.0

House - A:1.0 - R:2.0

O'Neal, Celena

Nurse -- Total Assigned 1.0 : Total Required 1.0

Medicare - A:1.0 - R:1.0

Rising, Charla

Treatment Nurse -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Ramos, Esmeralda

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Gonzales, Monica M.

Shift: 2p-10:15p

CNA -- Total Assigned 14.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0

Xaivong, Somchith

St 1 - A:5.0 - R:4.0

Gutierrez, Priscilla

Marquez, Beatriz

McIntosh, Marissa

Tompkins, Jeremy

Zamora, Raymond

St 2 - A:4.0 - R:4.0

Ayers, Brad

Hernandez, Lucy

Mathews, Wanda F.

Seechan, Sheila

St 3 - A:4.0 - R:4.0

Bustamante, Stephanie

Enas, Lanora

Fontanilla, Marie Elaine ...

Rangel, Raquel

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0

Leon, Aurelia

Ramos, Rosamaria

See, Eesen

Shift: 4p-9p

MDS -- Total Assigned 1.0 : Total Required 0

House - A:1.0 - R:0.0

Sanchez, Christina

Shift: 6p-6:30a

PLUM - Westgate Gardens Care Center - Tuesday August 30 2016 - Census: 137

Nurse - Total Assigned 5.0 : Total Required 4.0

St 1 - A:3.0 - R:2.0	Guzman, Gabriela	Maglino, Karizza	Rosales, Christina
St 2 - A:1.0 - R:1.0	Tello, Michelle		
St 3 - A:1.0 - R:1.0	Kaundart, Denise		

Shift: 10p-6:15a

CNA - Total Assigned 9.0 : Total Required 7.0

1:1 - A:1.0 - R:1.0	Sawatsky, Lisa		
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Notarnicola, Elida S.	
St 2 - A:4.0 - R:2.0	Aguirre, Gina	Alva, Tracie	Rodriguez, Amber
	Velasco, Niemie		
St 3 - A:2.0 - R:2.0	Howell, Maggie	Llamas, Christina	

Nurse 217 CNA 339.5 total 556.5 Census 138 PPD 4.03

293.5

156.5
27.5

ON call Lupe 623-7590

PLUM - Westgate Gardens Care Center - Wednesday August 31 2016 - Census: 135

Shift: 3:30a-7:30a

MDS -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Wheeler, Pamela

Shift: 6a-2p

A -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Villarreal, Judy M.

Shift: 6a-2:15p

CNA -- Total Assigned 18.7 : Total Required 19.0

1:1 - A:1.0 - R:1.0

Basurto, Gabriela 6-630

St 1 - A:5.7 - R:6.0

Bobadilla, Joshua (10:45) 3

Fernandez, Manuel (06:00AM - 11:30AM) 1

Garcia, Sarah (10:15 (snacks)) 2

Parraga, 9:45) 5

Torres, Alma (10:15 DR) 6

Vasquez, Isabelle A. (10:45 TA) 4

St 2 - A:6.0 - R:6.0

Alcala, Mayanin (9:45 TA) 6

Branham, Amber (10:45) 5

Howser, Priscilla (10:15 snacks) 4

Cynthia Pena Garcia, Ana (10:45 ACT) 3

Tapia, Celeste (9:45) 3

Tapia, Isela (10:15 DR) 1

St 3 - A:6.0 - R:6.0

Andres Domingo, Maria (9:45) 4

Dever, Jennifer (10:15 (snacks)) 1

Marta Ortega (10:45 DR) 3

Gainey, Anna (10:15 59A) 5

Romero, Monica (9:45) 2

Vang, Lu (10:45) 6 OFF

Shift: 6a-6:30p

Nurse -- Total Assigned 9.0 : Total Required 6.0

Orientation - A:2.0 - R:0.0

Johnson, Angeline

St 1 - A:3.0 - R:2.0

Olmos, Diane (back) OFF

Pulido, Hilda (front)

Sanchez, Savannah (e' with -diane) BACK

St 2 - A:2.0 - R:2.0

Smith, Lisa R.

Vasquez, Veronica

St 3 - A:2.0 - R:2.0

Rising, Charla (back)

Santillan, Maria (front)

Shift: 8:30a-4:30p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rivera Carrillo, Martha L.

Shift: 8:30a-5p

N -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

Ramos, Guadalupe

Scott, Linda

MDS -- Total Assigned 1.0 : Total Required 2.0

House - A:1.0 - R:2.0

O'Neal, Celena

Nurse -- Total Assigned 0 : Total Required 1.0

Medicare - A:0.0 - R:1.0

Treatment Nurse -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

Aceves, Noelia

Ramos, Esmeralda

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Gonzales, Monica M.

Shift: 2p-10:15p

CNA -- Total Assigned 14.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0

Xaivong, Somchith OFF Gabriela 2630 Amber (6-10)

St 1 - A:5.0 - R:4.0

Gutierrez, Priscilla (6:15(snacks)) 2

Marquez, Beatriz (6:30 TA) 4

McIntosh, Marissa (5:45) 3

Tompkins, Jeremy (6:45) 1

Zamora, Raymond 5-8/3

St 2 - A:4.0 - R:4.0

Ayers, Brad (6:15 snacks) 4

Hernandez, Lucy (6:45 TA) 2

Peralta, Yesenia (5:45) 1

Trujillo, Betty (6:30) 3

St 3 - A:4.0 - R:4.0

Bustamante, Stephanie (6:15) 1

Enas, Lanora (6:45 59A) 2 OFF

Fontanilla, Marie Ellaine ... (5:45) 4

Rangel, Raquel (6:30) 3

Shift: 4p-8p

-- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0

Leon, Aurelia (ST 3 DR)

Ortiz, Michael (ST 2 ACT)

Ramos, Rosamaria (ST 1 DR)

Shift: 6p-6:30a

PLUM - Westgate Gardens Care Center - Wednesday August 31 2016 - Census: 135

Nurse -- Total Assigned 5.0 : Total Required 4.0

St 1 - A:3.0 - R:2.0	Beglau, Leeh	Guzman, Gabriela	Rosales, Christina
St 2 - A:1.0 - R:1.0	Tello, Michelle		
St 3 - A:1.0 - R:1.0	Kaundart, Denise		

Shift: 10p-6:15a

CNA -- Total Assigned 9.0 : Total Required 7.0

1:1 - A:1.0 - R:1.0	Sawatsky, Lisa		
St 1 - A:3.0 - R:2.0	Bartlett-Jones, Cortney (2:00)	Notarnicola, Elida S. (2:30)	Rodriguez, Amber (Float ST 2&3 2:45)
St 2 - A:3.0 - R:2.0	Aguirre, Gina (2:30)	Alva, Tracie (2:00)	Velasco, Nlomie ('o' with gina)
St 3 - A:2.0 - R:2.0	Howell, Maggie (2:00)	Llames, Christina (2:30)	

Nurse 179.5 CNA 341.25 total 520.75 census 138 PPD 3.77

179.5
341.25

520.75

ONcall Supr 623-7590

PLUM - Westgate Gardens Care Center - Thursday September 01 2016 - Census: 138

Shift: 3:30a-7:30a

MDS -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Wheeler, Pamela

ft: 6a-2p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rivera, Sheryl

Shift: 6a-2:15p

CNA -- Total Assigned 19.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0

Basurto, Gabriela

St 1 - A:6.0 - R:6.0

Andres Domingo, Maria 3

Brown, Adrie'Anna 2

Fernandez, Manuel 1

Miska, Phillip 6

Saldana, Maria 4

Torres, Alma 5

St 2 - A:6.0 - R:6.0

Alvarado, Jalissa 1

Branham, Amber 5

Carabay, Cecilia 3

Hernandez, Lina 6

Howser, Priscilla 4

Tapia, Isela 2

St 3 - A:6.0 - R:6.0

Bobadilla, Joshua 30/11/2016

Dever, Jennifer 2

Foerster, Dawn 5

Gonzalez, Rebecca 1

Hernandez, Yadira 4

Pacheco, Anita I. 6

Shift: 6a-6:30p

Nurse -- Total Assigned 9.0 : Total Required 7.0

Orientation - A:2.0 - R:0.0

Johnson, Berta ('o' with veronica)

Johnson, Angeline ('o' with lisa)

St 1 - A:3.0 - R:3.0

Corrales, Veronica Medicare

Pulido, Hilda

Vasquez, Veronica

St 2 - A:2.0 - R:2.0

Shipman, Christi

Smith, Lisa R.

St 3 - A:2.0 - R:2.0

Anderson, Ashley

Santillan, Maria

Shift: 8:30a-4:30p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rosales, Ana

Shift: 8:30a-5p

ON -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

Ramos, Guadalupe

Scott, Linda

MDS -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

O'Neal, Celena

Rising, Charla

Nurse -- Total Assigned 0 : Total Required 1.0

Medicare - A:0.0 - R:1.0

Treatment Nurse -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

Aceves, Noelia

Ramos, Esmeralda

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rivera Carrillo, Martha L.

Shift: 2p-10:15p

CNA -- Total Assigned 14.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0

Valdez, Marissa

St 1 - A:5.0 - R:4.0

McIntosh, Marissa 3

Ontiveroz, Irene 4

Ponce, Maria 2

Tompkins, Jeremy 1

Zamora, Raymond 5

St 2 - A:4.0 - R:4.0

Ayers, Brad 4

Hernandez, Lucy 1

Peralta, Yesenia 2

Trujillo, Betty 3

St 3 - A:4.0 - R:4.0

Bustamante, Stephanie 2

Fontanilla, Marie Elaine ... 4

Montejano, Cynthia 3

Valencia, Shandra L. 1

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0

Leon, Aurelia (ST 3 DR)

Ortiz, Michael (ST 2 ACT)

See, Eesen (ST 1 DR)

ft: 6p-6:30a

Nurse -- Total Assigned 6.0 : Total Required 4.0

Orientation - A:1.0 - R:0.0

Perez, Desiree ('o' with st 3)

CH

Shift: 6p-6:30a

PLUM - Westgate Gardens Care Center - Thursday September 01 2016 - Census: 138

St 1 - A:3.0 - R:2.0	Davalos, Misol ('o' with michelle)	Grayson, Linda	Tello, Michelle
St 2 - A:1.0 - R:1.0	Acosta, IvyJoy		
3 - A:1.0 - R:1.0	Galvan, Angela (12:00AM - 06:30AM)	Kaundart, Denise (06:00PM - 12:30AM)	

Shift: 10p-6:15a

CNA -- Total Assigned 9.0 : Total Required 7.0

1:1 - A:1.0 - R:1.0	See, Cha		
St 1 - A:2.0 - R:2.0	Lopez, Stephanie	Notarnicola, Elida S.	
St 2 - A:3.0 - R:2.0	Alva, Tracie	Cox, Casey	Velasco, Niemie ('o' with tracie)
St 3 - A:3.0 - R:2.0	Fowler, Cheyenne ('o' with jessica)	Llamas, Christina	Rodriguez, Jessica

Nurse 205 Cna 351.75 total 556.5 Census 138 PPD 4.03

309

155.5
22

ON call Diane 310-1058

PLUM - Westgate Gardens Care Center - Friday September 02 2016 - Census: 137

Shift: 3:30a-7:30a

MDS -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Wheeler, Pamela

ft: 6a-2p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rivera, Sheryl

Shift: 6a-2:15p

CNA -- Total Assigned 18.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0

Basurto, Gabriela

St 1 - A:5.0 - R:6.0

Andres Domingo, Maria

Brown, Adrie'Anna

Miska, Phillip

Saldana, Maria

Torres, Alma

St 2 - A:6.0 - R:6.0

Alvarado, Jalissa

Branham, Amber

Carabay, Cecilia

Hernandez, Lina

Howser, Priscilla

Tapia, Isela

St 3 - A:6.0 - R:6.0

Bobadilla, Joshua

Foerster, Dawn

Gonzalez, Rebecca

Ortega, Maria

Pacheco, Anita L.

Valdez, Marissa

Shift: 6a-6:30p

Nurse -- Total Assigned 8.0 : Total Required 7.0

Orientation - A:2.0 - R:0.0

Johnson, Berta

St 1 - A:2.0 - R:3.0

Silicato, Staci

Vasquez, Veronica

St 2 - A:2.0 - R:2.0

Angelina Johnson

Smith, Lisa R.

St 3 - A:2.0 - R:2.0

Diaz, Audriana

Santillan, Maria

Shift: 8:30a-4:30p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rosales, Ana

Shift: 8:30a-5p

ADON -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

Ramos, Guadalupe

Scott, Linda

RNA -- Total Assigned 1.0 : Total Required 2.0

House - A:1.0 - R:2.0

O'Neal, Celena

Nurse -- Total Assigned 0 : Total Required 1.0

Medicare - A:0.0 - R:1.0

Treatment Nurse -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Ramos, Esmeralda

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rivera Carrillo, Martha L.

Shift: 2p-10:15p

CNA -- Total Assigned 12.0 : Total Required 13.0

1:1 - A:0.0 - R:1.0

gibby 2-6, Amber 6-10

St 1 - A:4.0 - R:4.0

McIntosh, Marissa

Ontiveroz, Irene

Ponce, Maria

Tompkins, Jeremy

St 2 - A:4.0 - R:4.0

Mathews, Wanda F.

Peralta, Yesenia

Seechan, Sheila

Trujillo, Betty

St 3 - A:4.0 - R:4.0

Bustamante, Stephanie

Fontanilla, Marie Elaine ...

Montejano, Cynthia

Zamora, Raymond

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0

Leon, Aurelia

Ortiz, Michael

See, Eesen

Shift: 6p-6:30a

e -- Total Assigned 5.0 : Total Required 4.0

Orientation - A:1.0 - R:0.0

Miller, LoriAnn

Christina Sanchez 4-9 St 1

St 1 - A:2.0 - R:2.0

Davalos, Misol

Rosales, Christina

Shift: 6p-6:30a

PLUM - Westgate Gardens Care Center - Friday September 02 2016 - Census: 137

St 2 - A:1.0 - R:1.0

Fowler, Richard

St 3 - A:1.0 - R:1.0

Galvan, Angela

Shift: 10p-6:15a

A -- Total Assigned 10.0 : Total Required 7.0

1:1 - A:1.0 - R:1.0

See, Cha

St 1 - A:3.0 - R:2.0

Lopez, Stephanie

Notarnicola, Elida S.

St 2 - A:3.0 - R:2.0

Alva, Tracie

Cox, Casey

Velasco, Niomie

St 3 - A:3.0 - R:2.0

Fowler, Cheyenne

Llamas, Christina

Rodriguez, Jessica

Nurse 182.5 CNA 333.75 total 516 census 138 PPD 3.73

282

12/11/17
2016

PLUM - Westgate Gardens Care Center - Saturday September 03 2016 - Census: 138

Calloffs

Dever, Jennifer Cna-H called off for 6:00 am to 2:15 pm 1:1 CNA shift

Shift: 6a-2p

A -- Total Assigned 2.0 : Total Required 1.0

House - A:2.0 - R:1.0	Rivera, Sheryl	Villarreal, Judy M.	
-----------------------	----------------	---------------------	--

Shift: 6a-2:15p

CNA -- Total Assigned 17.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0	Clark, Sophia		
St 1 - A:6.0 - R:6.0	Brown, Adrie'Anna Saldana, Maria	Gadsden, Reatha J Vasquez, Isabelle A. <i>ACT</i>	Hernandez, Lina Willems, Brittany
St 2 - A:5.0 - R:6.0	Alcala, Mayanin Romero, Monica	Alvarado, Jalissa Tapia, Celeste	Carabay, Cecilia
St 3 - A:5.0 - R:6.0	Garcia, Sarah Pacheco, Anita I.	Gonzalez, Rebecca Pena Garcia, Ana	Hernandez, Yadira

Shift: 6a-6:30p

Nurse -- Total Assigned 9.0 : Total Required 7.0

Orientation - A:2.0 - R:0.0	McDonald, Britany <i>with Virginia C</i>	Ramos, James <i>with Hilda</i>	
St 1 - A:3.0 - R:3.0	Olmos, Diane	Pulido, Hilda	Sanchez, Savannah
St 2 - A:2.0 - R:2.0	Corrales, Veronica	Guinn, Nancy	
St 3 - A:2.0 - R:2.0	Diaz, Audriana	Peters, Vincent	

Shift: 8:30a-4:30p

RNA -- Total Assigned 0 : Total Required 1.0

House - A:0.0 - R:1.0			
-----------------------	--	--	--

Shift: 8:30a-5p

Nurse -- Total Assigned 0 : Total Required 1.0

Medicare - A:0.0 - R:1.0			
--------------------------	--	--	--

Treatment Nurse -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0	Aceves, Noelia		
-----------------------	----------------	--	--

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0	Gonzales, Monica M.		
-----------------------	---------------------	--	--

Shift: 2p-10:15p

CNA -- Total Assigned 13.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0	Bustamante, Stephanie		
St 1 - A:4.0 - R:4.0	Gutierrez, Priscilla Ponce, Maria	Marquez, Beatriz	Ontiveroz, Irene
St 2 - A:4.0 - R:4.0	Mathews, Wanda F. Trujillo, Betty	Peralta, Yesenia	Seechan, Sheila
St 3 - A:4.0 - R:4.0	Enas, Lanora Valencia, Shandra L.	Montejano, Cynthia	Rangel, Raquel

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0	Ortiz, Michael <i>SH3DR</i>	Ramos, Rosamaria <i>SHACT</i>	See, Eeson <i>SH3DR</i>
-----------------------	-----------------------------	-------------------------------	-------------------------

Shift: 5p-10p

Nurse -- Total Assigned 1.0 : Total Required 0

House - A:1.0 - R:0.0	Ericson, Ronald <i>SH1</i>		
-----------------------	----------------------------	--	--

Shift: 6p-6:30a

Nurse -- Total Assigned 4.0 : Total Required 4.0

Orientation - A:1.0 - R:0.0	Miller, LoriAnn <i>with Rosa</i>		
- A:1.0 - R:2.0	Lewis, Rosa		
St 2 - A:1.0 - R:1.0	Fowler, Richard		
St 3 - A:1.0 - R:1.0	Kaundart, Denise		

Shift: 10p-6:15a

PLUM - Westgate Gardens Care Center - Saturday September 03 2016 - Census: 138

CNA -- Total Assigned 8.0 : Total Required 7.0

1:1 - A:1.0 - R:1.0	Basurto, Gabriela		
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Lopez, Stephanie	
2 - A:2.0 - R:2.0	Aguirre, Gina	Cox, Casey	
St 3 - A:3.0 - R:2.0	Fowler, Cheyenne	Howell, Maggie	Rodriguez, Jessica

Nurse 179.5 CNA 335.5 total 515 Census 138 PPD 3.73

20375

108
88

ON call Diane 310-1058

PLUM - Westgate Gardens Care Center - Sunday September 04 2016 - Census: 138

Shift: 6a-2p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rivera, Sheryl

ift: 6a-2:15p

CNA -- Total Assigned 19.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0

Anita Pacheco

St 1 - A:6.0 - R:6.0

Brown, Adrie'Anna
Miska, PhillipGadsden, Reatha J
Saldana, MariaHernandez, Lina
Vasquez, Isabelle A.

St 2 - A:6.0 - R:6.0

Alcala, Mayanin
Romero, Monica ActAlvarado, Jalissa
Tapia, CelesteCarabay, Cecilia
Vang, Lu

St 3 - A:6.0 - R:6.0

Foerster, Dawn
Yadira HernandezGarcia, Sarah
Pena Garcia, AnaGonzalez, Rebecca
Willems, Brittany

Shift: 6a-6:30p

Nurse -- Total Assigned 8.0 : Total Required 7.0

Orientation - A:1.0 - R:0.0

Ramos, James

St 1 - A:3.0 - R:3.0

O Dell, Dulce

Olmos, Diane

Pulido, Hilda

St 2 - A:2.0 - R:2.0

Guinn, Nancy

Weddle, Lindsey

St 3 - A:2.0 - R:2.0

Diaz, Audriana

Peters, Vincent

Shift: 8:30a-4:30p

RNA -- Total Assigned 0 : Total Required 1.0

House - A:0.0 - R:1.0

Shift: 8:30a-5p

Nurse -- Total Assigned 0 : Total Required 1.0

Medicare - A:0.0 - R:1.0

Treatment Nurse -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Aceves, Noelia

ift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Gonzales, Monica M.

Shift: 2p-10:15p

CNA -- Total Assigned 13.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0

Sawatsky, Lisa

St 1 - A:4.0 - R:4.0

Gutierrez, Priscilla
Ponce, Maria

Marquez, Beatriz

Onliveroz, Irene

St 2 - A:4.0 - R:4.0

Ayers, Brad
Seechan, Sheila

Hernandez, Lucy

Mathews, Wanda F.

St 3 - A:4.0 - R:4.0

Enas, Lanora
Valencia, Shandra L.

Montejano, Cynthia

Rangel, Raquel

Shift: 4p-8p

CNA -- Total Assigned 2.0 : Total Required 3.0

House - A:2.0 - R:3.0

Ramos, Rosamaria

See, Eesen

Shift: 6p-6:30a

Nurse -- Total Assigned 5.0 : Total Required 4.0

Orientation - A:1.0 - R:0.0

Miller, LoriAnn

St 1 - A:2.0 - R:2.0

Lewis, Rosa

Rosales, Christina

St 2 - A:1.0 - R:1.0

Fowler, Richard

St 3 - A:1.0 - R:1.0

Kaundart, Denise

Shift: 10p-6:15a

CNA -- Total Assigned 8.0 : Total Required 7.0

- A:1.0 - R:1.0

See, Cha

St 1 - A:2.0 - R:2.0

Bartlett-Jones, Cortney

Lopez, Stephanie

St 2 - A:2.0 - R:2.0

Agulre, Gina

Cox, Casey

Shift: 10p-6:15a

PLUM - Westgate Gardens Care Center - Sunday September 04 2016 - Census: 138

St 3 - A:3.0 - R:2.0

Fowler, Cheyenne

Howell, Maggie

Rodriguez, Jessica

O' with Jessica

Nurse 149.5 cna 337.5 total 487 Census 138 PPD 3.52

*291.5**100
07-05
02*

PLUM - Westgate Gardens Care Center - Monday September 05 2016 - Census: 138

Shift: 3:30a-7:30a

MDS -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

ift: 6a-2p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Villarreal, Judy M.

Shift: 6a-2:15p

CNA -- Total Assigned 16.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0

Basurto, Gabriela *6 630*

St 1 - A:5.0 - R:6.0

Brown, Adrie'Anna

Foerster, Dawn

Gadsden, Reatha J

Torres, Alma

Vasquez, Isabelle A.

St 2 - A:6.0 - R:6.0

Alcala, Mayanin

Branham, Amber

Howser, Priscilla

Romero, Monica

Tapia, Celeste

Tapia, Isela *alt*

St 3 - A:4.0 - R:6.0

Bobadilla, Joshua

Ganey, Anna

Garcia, Sarah

Pena Garcia, Ana

Anita

Shift: 6a-6:30p

Nurse -- Total Assigned 7.0 : Total Required 7.0

St 1 - A:3.0 - R:3.0

Corrales, Veronica

O Dell, Dulce

Silicato, Staci

St 2 - A:2.0 - R:2.0

Gonzales, Abel

Weddle, Lindsey

St 3 - A:2.0 - R:2.0

Peters, Vincent

Shipman, Christi

5. Audrianna

Shift: 8:30a-4:30p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rivera Carrillo, Martha L.

Shift: 8:30a-5p

ADON -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

S -- Total Assigned 3.0 : Total Required 2.0

House - A:3.0 - R:2.0

Nurse -- Total Assigned 0 : Total Required 1.0

Medicare - A:0.0 - R:1.0

Treatment Nurse -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Ramos, Esmeralda

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Gonzales, Monica M.

Shift: 2p-10:15p

CNA -- Total Assigned 13.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0

Sawatsky, Lisa

St 1 - A:4.0 - R:4.0

Gutierrez, Priscilla

Marquez, Beatriz

McIntosh, Marissa

Tompkins, Jeremy

St 2 - A:4.0 - R:4.0

Ayers, Brad

Hernandez, Lucy

Mathews, Wanda F.

Seechan, Sheila

St 3 - A:4.0 - R:4.0

Bustamante, Stephanie

Enas, Lanora

Fontanilla, Marie Ellaine ...

Rangel, Raquel

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0

Leon, Aurelia

313 DR

Ramos, Rosamaria

SH1 alt

See, Eesen

SH2 DR

Shift: 4p-9p

Nurse -- Total Assigned 1.0 : Total Required 0

House - A:1.0 - R:0.0

Tello, Michelle

Shift: 6p-6:30a

Nurse -- Total Assigned 5.0 : Total Required 4.0

Shift: 6p-6:30a

PLUM - Westgate Gardens Care Center - Monday September 05 2016 - Census: 138

Orientation - A:1.0 - R:0.0	Anthony McDonald 'D' ROSA	
St 1 - A:2.0 - R:2.0	Beglau, Leah	Lewis, Rosa
St 2 - A:1.0 - R:1.0	Acosta, IvyJoy	
3 - A:1.0 - R:1.0	Galvan, Angela	

Shift: 10p-6:15a

CNA -- Total Assigned 7.0 : Total Required 7.0		
1:1 - A:0.0 - R:1.0	Niomre	
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Notarnicola, Elida S.
St 2 - A:2.0 - R:2.0	Aguirre, Gina	Trane
St 3 - A:3.0 - R:2.0	Howell, Maggie	Llamas, Christina

Nurse 128 CNA 331.75 total 459.75 Census 138 PPD 3.33

281.75

92.5
2288
92
22.5

PLUM - Westgate Gardens Care Center - Tuesday September 06 2016 - Census: 138

Shift: 3:30a-7:30a

MDS -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Wheeler, Pamela

t: 6a-2p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Villarreal, Judy M.

Shift: 6a-2:15p

CNA -- Total Assigned 19.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0

Ortega, Marta

St 1 - A:6.0 - R:6.0

Bobadilla, Joshua

Fernandez, Manuel

Foerster, Dawn

Gadsden, Reatha J

Torres, Alma

Vasquez, Isabelle A.

St 2 - A:6.0 - R:6.0

Alcala, Mayanin

Branham, Amber

Howser, Priscilla

Romero, Monica

Tapia, Celeste

Tapia, Isela

St 3 - A:6.0 - R:6.0

Andres Domingo, Maria

Dever, Jennifer

Gainey, Anna

Garcia, Sarah

Hernandez, Yadira

Pena Garcia, Ana

Shift: 6a-6:30p

Nurse -- Total Assigned 7.0 : Total Required 7.0

St 1 - A:3.0 - R:3.0

O Dell, Dulce

Pulido, Hilda

Sanchez, Savannah

St 2 - A:2.0 - R:2.0

Gonzales, Abel

Weddle, Lindsey

St 3 - A:2.0 - R:2.0

Anderson, Ashley

Shipman, Christi

Shift: 8:30a-4:30p

RNA -- Total Assigned 0 : Total Required 1.0

House - A:0.0 - R:1.0

Shift: 8:30a-5p

ADON -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

Ramos, Guadalupe

Scott, Linda

S -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

O'Neal, Celena

Rising, Charla

Nurse -- Total Assigned 0 : Total Required 1.0

Medicare - A:0.0 - R:1.0

Treatment Nurse -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Ramos, Esmeralda

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Gonzales, Monica M.

Shift: 2p-10:15p

CNA -- Total Assigned 13.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0

Gutierrez, Priscilla

St 1 - A:4.0 - R:4.0

Marquez, Beatriz

McIntosh, Marissa

Tompkins, Jeremy

Zamora, Raymond

St 2 - A:4.0 - R:4.0

Ayers, Brad

Hernandez, Lucy

Peralta, Yesenia

Trujillo, Betty

St 3 - A:4.0 - R:4.0

Bustamante, Stephanie

Enas, Lanora

Fontanilla, Marie Elaine ...

Rangel, Raquel

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0

Leon, Aurelia

Ortiz, Michael

Ramos, Rosamaria

Shift: 6p-6:30a

Nurse -- Total Assigned 4.0 : Total Required 4.0

I - A:2.0 - R:2.0

Beglau, Leah

Maglante, Karizza

St 2 - A:1.0 - R:1.0

Tello, Michelle

St 3 - A:1.0 - R:1.0

Galvan, Angela

Shift: 10p-6:15a

PLUM - Westgate Gardens Care Center - Tuesday September 06 2016 - Census: 138

CNA -- Total Assigned 8.0 : Total Required 7.0

1:1 - A:1.0 - R:1.0	Basurto, Gabriela		
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Notarnicola, Elida S.	
2 - A:3.0 - R:2.0	Aguirre, Gina	Alva, Tracie	Velasco, Niemie (o' with tracie)
St 3 - A:2.0 - R:2.0	Howell, Maggie	Llamas, Christina	

Nurse 174 CNA 331.75 total 505.75 Census 138 PPD 366

291.5

124.5
22

779

PLUM - Westgate Gardens Care Center - Wednesday September 07 2016 - Census: 140

Calloffs

Beglau, Leah RN called off for 6:00 pm to 6:30 am St 1 Nurse shift

Shift: 3:30a-7:30a

MDS -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0 Wheeler, Pamela

Shift: 6a-2p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0 Rivera, Sheryl

Shift: 6a-2:15p

CNA -- Total Assigned 17.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0 Dever, Jennifer *CH*

St 1 - A:5.0 - R:6.0 Brown, Adrie'Anna (2) Fernandez, Manuel (1) Miska, Phillip (5)

Saldana, Maria (3) Torres, Alma (4)

St 2 - A:6.0 - R:6.0 Alvarado, Jalissa (1) Branham, Amber (5) Carabay, Cecilia (3)

Hernandez, Lina (6) Howser, Priscilla (4) Tapia, Isela (2)

St 3 - A:5.0 - R:6.0 Andres Domingo, Maria (2) Bobadilla, Joshua (3) Gonzalez, Rebecca (1)

Pacheco, Anita I. (5) Vang, Lu (4)

Shift: 6a-6:30p

Nurse -- Total Assigned 9.0 : Total Required 7.0

Orientation - A:2.0 - R:0.0 Johnson, Angeline ('o' with Abel) Johnson, Berta ('o' with Lisa)

St 1 - A:3.0 - R:3.0 O Dell, Dulce Pulido, Hilda Sanchez, Savannah

St 2 - A:2.0 - R:2.0 Gonzales, Abel Smith, Lisa R.

St 3 - A:2.0 - R:2.0 Anderson, Ashley Santillan, Maria

Jeanne 5

Shift: 8:30a-4:30p

CNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0 Rosales, Ana

Shift: 8:30a-5p

ADON -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0 Ramos, Guadalupe Scott, Linda

MDS -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0 O'Neal, Celena Rising, Charla

Nurse -- Total Assigned 0 : Total Required 1.0

Medicare - A:0.0 - R:1.0

Treatment Nurse -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0 Aceves, Noelia Ramos, Esmeralda

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0 Villarreal, Judy M.

Shift: 2p-10:15p

CNA -- Total Assigned 13.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0 Ponce, Maria *SH* *Gabbylon*St 1 - A:4.0 - R:4.0 McIntosh, Marissa (3) *CH* Ontiveroz, Irene (4) Tompkins, Jeremy (1)

Zamora, Raymond (2)

St 2 - A:4.0 - R:4.0 Ayers, Brad (4) Hernandez, Lucy (1) Peralta, Yesenia (2)

Trujillo, Betty (Unnamed Note)

St 3 - A:4.0 - R:4.0 Bustamante, Stephanie (2) Fontanilla, Marie Elaine ... (4) Montejano, Cynthia (3)

Valencia, Shandra L. (1)

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0 Leon, Aurelia *ST 3 TR* Ortiz, Michael *ST 2*See, Eesen *CH* *ST 1*

Shift: 6p-6:30a

Modified Duty -- Total Assigned 1.0 : Total Required 0

Ramirez

Shift: 6p-6:30a

PLUM - Westgate Gardens Care Center - Wednesday September 07 2016 - Census: 140

Modified Duty - A:1.0 - R:0.0	Guzman, Gabriela		
Nurse -- Total Assigned 5.0 : Total Required 4.0			
St 1 - A:3.0 - R:2.0	Davalos, Mrisol ('o' with christina)	Grayson, Linda	Rosales, Christina
St 2 - A:1.0 - R:1.0	Tello, Michelle		
St 3 - A:1.0 - R:1.0	Galvan, Angela		

Shift: 10p-6:15a

CNA -- Total Assigned 9.0 : Total Required 7.0			
1:1 - A:1.0 - R:1.0	See, Cha		
St 1 - A:2.0 - R:2.0	Lopez, Stephanie	Notarnicola, Elida S.	
St 2 - A:3.0 - R:2.0	Alva, Tracie	Cox, Casey	Velasco, Nlomie ('o' with tracie)
St 3 - A:3.0 - R:2.0	Fowler, Choyenne 'o' with Jessica	Llamas, Christina	Rodriguez, Jessica

Nurse 215.5 CNA 324 total 539.5 Census 137 PPD 393

276

160.5
22
33

781

ONcall Diane 310-1058

PLUM - Westgate Gardens Care Center - Thursday September 08 2016 - Census: 138

Shift: 3:30a-7:30a

IDS -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Wheeler, Pamela

Shift: 6a-2p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rivera, Sheryl

Shift: 6a-2:15p

CNA -- Total Assigned 18.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0

Basurto, Gabriela

St 1 - A:5.0 - R:6.0

Brown, Adrie'Anna 2

Saldana, Maria 3

Fernandez, Manuel 1

Torres, Alma 4

Miska, Phillip 5

St 2 - A:6.0 - R:6.0

Alvarado, Jalissa 1

Hernandez, Lina 6

Branham, Amber 5

Howser, Priscilla 4

Carabay, Cecilia 3

Tapia, Isela 2

St 3 - A:6.0 - R:6.0

Andres Domingo, Maria 3

Gonzalez, Rebecca 1

Bobadilla, Joshua 501130

Hernandez, Yadira 2

Dever, Jennifer 4

Pacheco, Anita I. 6

Shift: 6a-6:30p

Nurse -- Total Assigned 9.0 : Total Required 7.0

Orientation - A:2.0 - R:0.0

Johnson, Angeline (o' st1 front)

St 1 - A:3.0 - R:3.0

Corrales, Veronica

Pulido, Hilda

Sanchez, Savannah

St 2 - A:2.0 - R:2.0

Shipman, Christi (06:00AM - 03:30PM)

Silicato, Staci (03:30PM - 06:30PM)

Smith, Lisa R.

St 3 - A:2.0 - R:2.0

Anderson, Ashley

Santillan, Maria

Shift: 8:30a-4:30p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rosales, Ana

Shift: 8:30a-5p

ADON -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

Ramos, Guadalupe

Scott, Linda

MDS -- Total Assigned 3.0 : Total Required 2.0

House - A:3.0 - R:2.0

O'Neal, Celena

Rising, Charla

Nurse -- Total Assigned 0 : Total Required 1.0

Medicare - A:0.0 - R:1.0

Treatment Nurse -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

Aceves, Noelia

Ramos, Esmeralda

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Villarreal, Judy M.

Shift: 2p-10:15p

CNA -- Total Assigned 13.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0

Valdez, Marissa

St 1 - A:4.0 - R:4.0

McIntosh, Marissa 4

Tompkins, Jeremy 1

Ontiveroz, Irene 3

Ponce, Maria 2

St 2 - A:4.0 - R:4.0

Mathews, Wanda F. 1

Trujillo, Betty 3

Peralta, Yesenia 2

Seechan, Sheila 4

St 3 - A:4.0 - R:4.0

Bustamante, Stephanie 2

Valencia, Shandra L. 1

Fontanilla, Marie Ellaine ... 4

Montejano, Cynthia 3

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0

Leon, Aurelia ST 3 DR

Ortiz, Michael ST 2 DR

See, Eesen ST 1 act

Shift: 5p-10p

Nurse -- Total Assigned 1.0 : Total Required 0

House - A:1.0 - R:0.0

Ericson, Ronald

Shift: 6p-6:30a

PLUM - Westgate Gardens Care Center - Thursday September 08 2016 - Census: 138

Modified Duty -- Total Assigned 1.0 : Total Required 0

Modified Duty - A:1.0 - R:0.0

Guzman, Gabriela

Nurse -- Total Assigned 5.0 : Total Required 4.0

St 1 - A:3.0 - R:2.0

Davalos, Mrisol ('o' with christina) C/O

Grayson, Linda

Rosales, Christina

St 2 - A:1.0 - R:1.0

Tello, Michelle

St 3 - A:1.0 - R:1.0

Galvan, Angela (12:00AM - 06:30AM)

Kaundart, Denise (06:00PM - 12:30AM)

Shift: 10p-6:15a

CNA -- Total Assigned 10.0 : Total Required 7.0

1:1 - A:1.0 - R:1.0

See, Cha C/O

St 1 - A:2.0 - R:2.0

Lopez, Stephanie

Notarnicola, Elida S.

St 2 - A:4.0 - R:2.0

Alva, Tracie

Cox, Casey

Rodriguez, Amber (float st 2&3) 83

Velasco, Niemie ('o' with traci)

St 3 - A:3.0 - R:2.0

Fowler, Cheyenne 1001

Llamas, Christina

Rodriguez, Jessica C/H

Nurse 209.5 CNA 337.25 total 546.75 Census 138 PPD 3.96

295.5
49.5

149
27.5

PLUM - Westgate Gardens Care Center - Friday September 09 2016 - Census: 137

Shift: 3:30a-7:30a

MDS -- Total Assigned 1.0 : Total Required 1.0

Use - A:1.0 - R:1.0	Wheeler, Pamela		
---------------------	-----------------	--	--

Shift: 6a-2p

RNA -- Total Assigned 2.0 : Total Required 1.0

House - A:2.0 - R:1.0	Rivera, Sheryl	Villarreal, Judy M.	
-----------------------	----------------	---------------------	--

Shift: 6a-2:15p

CNA -- Total Assigned 19.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0	Basurto, Gabriela		
St 1 - A:6.0 - R:6.0	Brown, Adrie'Anna 1	Gadsden, Reatha J 2	Hernandez, Lina 5
	Miska, Phillip 6	Saldana, Maria 3	Vasquez, Isabelle A. 4
St 2 - A:6.0 - R:6.0	Alcala, Mayanin 5	Alvarado, Jalissa 1	Carabay, Cecilia 3
	Romero, Monica 2	Ana Rosales	Tapia, Celeste 4
St 3 - A:6.0 - R:6.0	Gainey, Anna 5	Garcia, Sarah 3	Gonzalez, Rebecca 1
	Pacheco, Anita I. 6	Pena Garcia, Ana 2	Valdez, Marissa 4

Shift: 6a-6:30p

Nurse -- Total Assigned 8.0 : Total Required 7.0

Orientation - A:1.0 - R:0.0	Johnson, Angeline ^{St 2} "O" with Veronica		
St 1 - A:3.0 - R:3.0	Olmos, Diane	Silicato, Staci	Vasquez, Veronica
St 2 - A:2.0 - R:2.0	Guinn, Nancy	Smith, Lisa R.	
St 3 - A:2.0 - R:2.0	Diaz, Audriana	Santillan, Maria ^{St 3}	

Shift: 8:30a-4:30p

RNA -- Total Assigned 0 : Total Required 1.0

House - A:0.0 - R:1.0			
-----------------------	--	--	--

Shift: 8:30a-5p

Nurse -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0	Ramos, Guadalupe ^{St 1}		
-----------------------	----------------------------------	--	--

MDS -- Total Assigned 3.0 : Total Required 2.0

House - A:3.0 - R:2.0		O'Neal, Celena	Rising, Charla
-----------------------	--	----------------	----------------

Nurse -- Total Assigned 0 : Total Required 1.0

Medicare - A:0.0 - R:1.0			
--------------------------	--	--	--

Treatment Nurse -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0	Ramos, Esmeralda		
-----------------------	------------------	--	--

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0	Gonzales, Monica M.		
-----------------------	---------------------	--	--

Shift: 2p-10:15p

CNA -- Total Assigned 12.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0	Gutierrez, Priscilla ^{St 1} garbage can 6-10		
St 1 - A:4.0 - R:4.0	Marquez, Beatriz 4	Ontiveroz, Irene 3	Ponce, Maria 2
	Zamora, Raymond 1 ^{St 2}		
St 2 - A:3.0 - R:4.0	Mathews, Wanda F. 1	Peralta, Yesenia 2	Seechan, Sheila 3 ^{St 1}
St 3 - A:4.0 - R:4.0	Enas, Lanora 2	Montejano, Cynthia 3	Rangel, Raquel 4
	Valencia, Shandra L. 1		

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0	Ortiz, Michael ^{St 2 act}	Ramos, Rosamaria ^{St 1 dr}	See, Eesen ^{St 3 DR}
-----------------------	------------------------------------	-------------------------------------	-------------------------------

Shift: 6p-6:30a

Nurse -- Total Assigned 6.0 : Total Required 4.0

Modified Duty - A:1.0 - R:0.0	Guzman, Gabriela ^{HRPSTH}		
Orientation - A:1.0 - R:0.0	McDonald, Britany "O" with Denise		
St 1 - A:2.0 - R:2.0	Acosta, IvyJoy ^{St 1}	Grayson, Linda	

Quarantine
6-12
mela 6-30

784

Shift: 6p-6:30a

PLUM - Westgate Gardens Care Center - Friday September 09 2016 - Census: 137

St 2 - A:1.0 - R:1.0	Fowler, Richard		
St 3 - A:1.0 - R:1.0	Kaundart, Denise		

I: 10p-6:15a

CNA -- Total Assigned 8.0 : Total Required 7.0

1:1 - A:1.0 - R:1.0	See, Cha		
St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Lopez, Stephanie	
St 2 - A:3.0 - R:2.0	Aguirre, Gina	Cox, Casey	Rodriguez, Amber
St 3 - A:2.0 - R:2.0	Fowler, Cheyenne	Howell, Maggie	

Nurse 168⁵ CNA 333.5 total 502 census 138 PPD 3.63

287⁹168⁵
333

- 66 785

ON call Lupe 623-7590

PLUM - Westgate Gardens Care Center - Saturday September 10 2016 - Census: 138

Shift: 6a-2p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rivera, Sheryl

Shift: 6a-2:15p

CNA -- Total Assigned 20.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0

Clark, Sophia

St 1 - A:7.0 - R:6.0

Brown, Adrie'Anna 1

Hernandez, Yadira

Vasquez, Isabelle A. 4

Gadsden, Reatha J 2

Miska, Phillip 6

Hernandez, Lina 5

Saldana, Maria 3

St 2 - A:6.0 - R:6.0

Alcala, Mayanln 6

Romero, Monica 2

Alvarado, Jalissa 1

Tapia, Celeste 4

Carabay, Cecilia 3

Zavala, Oscar 5

St 3 - A:6.0 - R:6.0

Gainey, Anna 5

Pacheco, Anita I. 6

Garcia, Sarah

Pena Garcia, Ana 2

Gonzalez, Rebecca 1

Willems, Brittany 4

Shift: 6a-6:30p

Nurse -- Total Assigned 7.9 : Total Required 7.0

Orientation - A:1.0 - R:0.0

Flores, Maricela

St 1 - A:3.0 - R:3.0

Johnson, Berta

Olmos, Diane

Vasquez, Veronica

St 2 - A:1.9 - R:2.0

Corrales, Veronica

Rosales, Christina (06:00AM - 11:00AM)

Silicato, Staci (12:00PM - 06:30PM)

St 3 - A:2.0 - R:2.0

Diaz, Audriana

Peters, Vincent

Shift: 8:30a-4:30p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rosales, Ana

Shift: 8:30a-5p

Nurse -- Total Assigned 0 : Total Required 1.0

Nurse - A:0.0 - R:1.0

Treatment Nurse -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Aceves, Noelia

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Gonzales, Monica M.

Shift: 2p-10:15p

CNA -- Total Assigned 13.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0

Sawatsky, Lisa

St 1 - A:4.0 - R:4.0

Foerster, Dawn 2

Ontiveroz, Irene 3

MARIA PONCE 1

Marquez, Beatriz 4

St 2 - A:4.0 - R:4.0

Ayers, Brad 4

Seechan, Sheila 3

Hernandez, Lucy 2

NANCY A

Mathews, Wanda F. 1

St 3 - A:4.0 - R:4.0

Enas, Lanora 2

Valencia, Shandra L. 1

Montejano, Cynthia 3

Rangel, Raquel 4

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0

Leon, Aurelia

Ramos, Rosamaria

See, Eesen

Shift: 6p-6:30a

Nurse -- Total Assigned 5.0 : Total Required 4.0

St 1 - A:3.0 - R:2.0

Acosta, IvyJoy

Beglau, Leah

Lewis, Rosa

St 2 - A:1.0 - R:1.0

Fowler, Richard

St 3 - A:1.0 - R:1.0

Kaundart, Denise

Shift: 10p-6:15a

CNA -- Total Assigned 7.0 : Total Required 7.0

1:1 - A:1.0 - R:1.0

Basurto, Gabriela

St 1 - A:2.0 - R:2.0

Bartlett-Jones, Cortney

Lopez, Stephanie

786

Shift: 10p-6:15a

PLUM - Westgate Gardens Care Center - Saturday September 10 2016 - Census: 138

SI 2 - A:2.0 - R:2.0

Aguirre, Gina

Cox, Casey

SI 3 - A:2.0 - R:2.0

Fowler, Cheyenne

Howell, Maggie

1
Nurse 149 CNA 321.73 total 470.75 census 138 PPD 3.41

100
33

303

787

ON call 623-7590
 PLUM - Westgate Gardens Care Center - Sunday September 11 2016 - Census: 138

Shift: 6a-2p

RNA -- Total Assigned 1.0 : Total Required 1.0

use - A:1.0 - R:1.0	Villarreal, Judy M.		
---------------------	---------------------	--	--

Shift: 6a-2:15p

CNA -- Total Assigned 22.0 : Total Required 19.0

1:1 - A:1.0 - R:1.0	Clark, Sophia		
St 1 - A:8.0 - R:6.0	Gina Paulis 1 Torres, Alma 5 Willems, Brittany	Foerster, Dawn 3 Vang, Lu 6 Zavala, Oscar	Gadsden, Reatha J 2 Vasquez, Isabelle A. 4
St 2 - A:6.0 - R:6.0	Alcala, Mayanin 6 Romero, Monica 2	Branham, Amber 5 Tapia, Celeste 4	Howser, Priscilla 3 Tapia, Isela 1
St 3 - A:7.0 - R:6.0	Alva, Tracie 1 Garcia, Sarah 3 Rodriguez, Jessica 6	Bobadilla, Joshua 7 Hernandez, Yadira 4	Gainey, Anna 5 RNA Pena Garcia, Ana 2

Shift: 6a-6:30p

Nurse -- Total Assigned 9.0 : Total Required 7.0

Orientation - A:2.0 - R:0.0	Flores, Maricela 1 Olmos, Diana 1	Johnson, Berta 1 Pulido, Hilda 1	Vasquez, Veronica
St 1 - A:3.0 - R:3.0	Guinn, Nancy	Weddle, Lindsey	
St 2 - A:2.0 - R:2.0	Diaz, Audriana	Peters, Vincent	

Shift: 8:30a-4:30p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0	Molina, Petra H. 1		
-----------------------	--------------------	--	--

Shift: 8:30a-5p

Nurse -- Total Assigned 1.0 : Total Required 1.0

use - A:1.0 - R:0.0	Gonzalez, Irasema		
medicare - A:0.0 - R:1.0			
Treatment Nurse -- Total Assigned 1.0 : Total Required 1.0			
House - A:1.0 - R:1.0	Aceves, Noelia 1		

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0	Gonzales, Monica M.		
-----------------------	---------------------	--	--

Shift: 2p-10:15p

CNA -- Total Assigned 14.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0	Sawatsky, Lisa		
St 1 - A:4.0 - R:4.0	Gutierrez, Priscilla 2 Tompkins, Jeremy 1	Marquez, Beatriz 4	McIntosh, Marissa 3
St 2 - A:5.0 - R:4.0	Alcantar, Arturo 5 Mathews, Wanda F. 1	Ayers, Brad 4 Seechan, Sheila 3	Hernandez, Lucy 2
St 3 - A:4.0 - R:4.0	Bustamante, Stephanie 1 Rangel, Raquel 4	Enas, Lanora 2	Fontanilla, Marie Elaine ... 3

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0	Leon, Aurelia	Ramos, Rosamaria	See, Eesen
-----------------------	---------------	------------------	------------

Shift: 6p-6:30a

Nurse -- Total Assigned 4.0 : Total Required 4.0

St 1 - A:2.0 - R:2.0	Lewis, Rosa	Rosales, Christina 1	Leah 1
St 2 - A:1.0 - R:1.0	Fowler, Richard		
St 3 - A:1.0 - R:1.0	Kaundart, Denise		

Shift: 10p-6:15a

CNA -- Total Assigned 7.0 : Total Required 7.0

1:1 - A:1.0 - R:1.0	Basurto, Gabriela		
---------------------	-------------------	--	--

Shift: 10p-6:15a

PLUM - Westgate Gardens Care Center - Sunday September 11 2016 - Census: 138

St 1 - A:2.0 - R:2.0	Bartlett-Jones, Cortney	Notarnicola, Elida S.
St 2 - A:2.0 - R:2.0	Aguirre, Gina	Velasco, Niomie
3 - A:2.0 - R:2.0	Howell, Maggie	Llamas, Christina

Nurse 140.5 CNA 353 total 493.5 Census 138 PPD 3.57

111.5
22

328.25

PLUM - Westgate Gardens Care Center - Monday September 12 2016 - Census: 138

Shift: 3:30a-7:30a

MDS -- Total Assigned 1.0 : Total Required 1.0

ise - A:1.0 - R:1.0

Wheeler, Pamela

Shift: 6a-2p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Villarreal, Judy M.

Shift: 6a-2:15p

CNA -- Total Assigned 18.7 : Total Required 19.0

1:1 - A:0.7 - R:1.0

Pacheco, Anita I. (06:00AM - 12:00PM)

St 1 - A:6.0 - R:6.0

Andres Domingo, Maria 6
Gadsden, Reatha J 2Bobadilla, Joshua 3
Torres, Alma 5Fernandez, Manuel 1
Vasquez, Isabelle A. 4

St 2 - A:6.0 - R:6.0

Alcala, Mayanin 6
Romero, Monica 2Branham, Amber 5
Tapia, Celeste 3Howser, Priscilla 4
Tapia, Isela 1

St 3 - A:6.0 - R:6.0

Alva, Tracie
Montejano, CynthiaGaine, Anna
Pena Garcia, AnaGarcia, Sarah
Rodriguez, Jessica

Shift: 6a-6:30p

Nurse -- Total Assigned 7.0 : Total Required 7.0

St 1 - A:3.0 - R:3.0

Cha, Jeanne

Corrales, Veronica

O Dell, Dulce

St 2 - A:2.0 - R:2.0

Gonzales, Abel

Weddle, Lindsey

St 3 - A:2.0 - R:2.0

Peters, Vincent

Shipman, Christi

Shift: 8:30a-4:30p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Rivera Carrillo, Martha L.

Shift: 8:30a-5p

Nurse -- Total Assigned 0 : Total Required 2.0

ise - A:0.0 - R:2.0

DIANE

lupe

MDS -- Total Assigned 2.0 : Total Required 2.0

House - A:2.0 - R:2.0

O'Neal, Celena

Rising, Charla

Nurse -- Total Assigned 0 : Total Required 1.0

Medicare - A:0.0 - R:1.0

Treatment Nurse -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Ramos, Esmeralda

Shift: 10a-6p

RNA -- Total Assigned 1.0 : Total Required 1.0

House - A:1.0 - R:1.0

Gonzales, Monica M.

Shift: 2p-10:15p

CNA -- Total Assigned 13.0 : Total Required 13.0

1:1 - A:1.0 - R:1.0

Sawatsky, Lisa

St 1 - A:4.0 - R:4.0

Gutierrez, Priscilla
Tompkins, Jeremy

Marquez, Beatriz

McIntosh, Marissa

St 2 - A:4.0 - R:4.0

Ayers, Brad
Trujillo, Betty

Hernandez, Lucy

Peralta, Yesenia

St 3 - A:4.0 - R:4.0

Bustamante, Stephanio
Rangel, Raquel

Enas, Lanora

Fontanilla, Marie Ellaine ...

Shift: 4p-8p

CNA -- Total Assigned 3.0 : Total Required 3.0

House - A:3.0 - R:3.0

Leon, Aurelia

Ortiz, Michael

Ramos, Rosamaria

Shift: 4p-9p

Nurse -- Total Assigned 1.0 : Total Required 0

House - A:1.0 - R:0.0

Tello, Michelle

Shift: 6p-6:30a

PLUM - Westgate Gardens Care Center - Monday September 12 2016 - Census: 138

Nurse -- Total Assigned 5.0 : Total Required 4.0

Orientation - A:1.0 - R:0.0

McDonald, Britany

B'w H Rosa

I - A:2.0 - R:2.0

Beglau, Leah

Lewis, Rosa

St 2 - A:1.0 - R:1.0

Acosta, IvyJoy

St 3 - A:1.0 - R:1.0

Galvan, Angela

Shift: 10p-6:15a

CNA -- Total Assigned 7.0 : Total Required 7.0

1:1 - A:1.0 - R:1.0

Basurto, Gabriela

St 1 - A:2.0 - R:2.0

Barlett-Jones, Cortney

Notarnicola, Elida S.

St 2 - A:2.0 - R:2.0

Aguirre, Gina

Velasco, Nionie

St 3 - A:2.0 - R:2.0

Howell, Maggie

Llamas, Christina

Nurse 179 CNA 335.75 total 514.75 CENSUS 138 PPD 373

295.5

129.5
27.5

JOB DESCRIPTION CHARGE NURSE

FUNCTION:

The primary function of the Charge Nurse is to insure effective, efficient comprehensive resident care is provided as prescribed by the physician and as required by the facility's policies and procedures. The Charge Nurse will direct, supervise and evaluate the duty performance of nursing assistants under their charge. The Charge Nurse reports to and is directly responsible to the Nursing Supervisor.

QUALIFICATIONS:

1. Possess a current, valid RN/LVN license issued by the California Department of Consumer Affairs.
2. Experience in long term geriatric nursing care, and experience and/or training in supervision preferred.
3. Ability to read, speak and understand English, follow directions and complete assigned responsibilities.
4. Support facility administration, the facility's philosophy of care, and the policies and procedures of the facility.
5. Ability to communicate clearly and effectively with all facility staff members.
6. Interest and awareness of changes and advancement in geriatric nursing and regulations.
7. Ability to demonstrate, supervise direct nursing care to improve standards of nursing.
8. Maintain a neat, clean, well-groomed, professional appearance.
9. Dependability.

SPECIFIC RESPONSIBILITIES:

1. Maintain an acceptable standard of nursing practice and professional decorum.
2. Knowledge of Federal and State Regulations governing long term care nursing facilities.
3. Knowledge and implementation of the facility's policies and procedures.
4. Be courteous, considerate and cooperative when communicating with all facility staff, residents and public.

EX 14

792

WES JIN

19. Insure the documentation in the medical record is current and complete and reflects the resident's physical, psychological, emotional, social, and cultural status with changes as appropriate in the plan of care and as often as the resident's condition warrants.
20. Document weekly nurses progress notes on assigned resident's specific to the resident's needs, the plan of care and the resident's response to care and treatments.
21. Document progress notes as required on chemical restraints and pressure sores.
22. Admit, discharge and transfer residents according to the facility's policies and procedures.
23. Assist in teaching residents, families and personnel on special procedures.
24. Protect the resident's rights, privacy and property.
25. Respond promptly to resident and/or family requests or complaints and assist in resolution of grievances.
26. Make daily visits to residents to ascertain their needs and condition. When the Charge Nurse administers medication, the visits can be made during medication rounds.
27. ~~Assist physician with resident visits.~~
28. Supervise and evaluate work performance of nursing personnel assigned to her/his area of responsibility. Make rounds on his/her assigned unit to identify any clinical or supervisory problems and implement corrective actions.
29. Assist in orientation and training of new nursing personnel, as required.
30. Assist nursing personnel with difficult care assignments, treatments and emergencies.
31. Respond to audit reports with prompt corrective action. Correct deficiencies identified in work performance.
32. Inventory nurses station supplies and notify the Central Supply Clerk of needs.
33. Document nurses station and resident room repair needs on maintenance log.
34. React appropriately to emergencies and disaster situations.
35. Practice, implement and supervise Infection Control and Universal Precaution policies and procedures.
36. Practice, implement and supervise safety policies and procedures.

37. Participate in Quality Assurance Program.
38. Participate in reports and care conferences.
39. Attend In-Service education and staff meetings as required.
40. Perform other duties as may be assigned by Nursing Supervisor and/or Director of Nursing Services.

SIGNATURE/TITLE
CHARGE NURSE

DATE

SIGNATURE/TITLE
FACILITY DESIGNEE

DATE

JOB DESCRIPTION
Licensed Vocational Nurse (LVN)
DEPARTMENT: Nursing

POSITION SUMMARY:

The LVN implements the established plan of care for each assigned group of resident's. Responsibilities include total care for chronically ill and technologically dependent residents, administration of medications, performance of treatments, provision of resident/family education as directed, and maintenance of a record of the care provided. Under the direct supervision of the RN, assists with the planning, coordination, and provision of individualized resident care in accordance with the established policies and procedures of the facility.

RESPONSIBLE TO:

This position is responsible to the Charge Nurse

FLSA STATUS:

Non-exempt

QUALIFICATIONS/REQUIREMENTS:

Education: LVN graduate from an accredited School of Nursing

License: Current, valid LVN licensure to practice in the state
Current BCLS certification

Work Experience: Minimum 6 months prior LVN experience in the past 2 years in a general acute care hospital

Or acquired equivalent competency appropriate to the type of sub-acute residents the facility provides care to

Language Skills:

- Must be able to read, analyze, and interpret common scientific and technical information, and to be easily understood through verbal communication in the English language.

Mathematical Skills:

- Must be able to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
- Ability to perform these operations using units of weight measurement, and volume.

Communication Skills:

- Must have exceptional communication and customer service skills, and be empathetic.
- Ability to effectively communicate with patients, families, responsible parties, staff and outside resources and agencies.

ESSENTIAL JOB FUNCTIONS:

- Perform assigned resident care duties in a manner that provides for the physical, psycho-social, and spiritual needs of the chronically ill and technologically dependent resident, incorporating cultural and ethnic factors
- Complete initial and ongoing assessments by gathering data in a timely manner, incorporating functional/development age factors into the assessment process
- Correctly differentiates between normal and abnormal clinical findings and intervenes in accordance with clinical standards of practice and per physician orders

- Work collaboratively with the resident/family and interdisciplinary team members to develop an individualized plan of care for each resident
- Demonstrate sound clinical judgment in the implementation, and evaluation of the nursing aspects of interdisciplinary resident care plan of care
- Proficiently and accurately monitor and report resident condition changes to the Registered Nurse, attending physician, family, interdisciplinary team members, and Director of Nursing or ADON
- Follow through on resident care services needed to meet the individualized needs of each resident
- Administer medications in a proficient manner, including pain management
- If IV certified, proficiently provide IV care needs within the scope of practice for a LVN and per facility policy
- Provide treatment administration in a proficient manner per direction from the physician, which includes but is not limited to wound packing, irrigation, indwelling catheter care, etc.
- Proficiently provide and manage the care of technologically dependent residents, including but not limited to:
 - a) Ventilator dependency
 - b) Ostomies such as, but not limited to, tracheostomy, ileostomy, urostomy, gastrostomy, etc.
 - c) Enteral feeding tubes
 - d) Tracheostomy care
 - e) Suctioning
- Participate in the identification of resident/family educational needs and provide individualized teaching which considers the functional/developmental age and needs of the resident. Monitor and document the effectiveness of the education provided
- Demonstrate knowledge of age specific care, including but not limited to identifying safety measures, physiological normal values/reading; assessing skin integrity, behavior, motor skills and/or activities that place the residents at risk as well as communicates effectively in a clear, concise, and understandable manner
- Demonstrate knowledge and appropriate monitoring of signs/symptoms of abuse and/or neglect of residents. Report and document suspected abuse/neglect in accordance with facility policy and regulatory guidelines

JOB FUNCTIONS:

- Demonstrate knowledge of, and respect for, the rights, dignity and individuality of each resident in all interactions
- Appreciates the importance of maintaining confidentiality of resident and facility information
- Demonstrate honesty and integrity at all times in the care and use of resident and facility property
- Proficiently provides care in emergency situations and follows established emergency procedures and practices
- Maintain knowledge of, and implement resident care activities to promote, maintain, and/or restore health for assigned residents
- Assure that the rights of residents are respected and maintained by allowing for privacy and dignity in the provision of care
- Demonstrate good oral and written communication skills with residents, families, physicians, additional healthcare providers, and co-workers

